



# schick's crossing

## P R E S C H O O L

### REGISTRATION FORM

#### CHILD'S INFORMATION

CHILD'S NAME:	NICKNAME IF PREFERRED:
ADDRESS:	
BIRTHDATE:	GENDER:            M            F

#### PARENT INFORMATION

GUARDIAN/ MOM'S NAME:	
ADDRESS (IF DIFFERENT FROM ABOVE):	
PREFERRED PHONE NUMBER:	ALTERNATE PHONE NUMBER:
EMAIL:	EMAIL CHECKED REGULARLY?            Y            N
GUARDIAN/ DAD'S NAME:	
ADDRESS (IF DIFFERENT FROM ABOVE):	
PREFERRED PHONE NUMBER:	ALTERNATE PHONE NUMBER:
EMAIL:	EMAIL CHECKED REGULARLY?            Y            N

#### ADDITIONAL PEOPLE

PEOPLE (NOT INCLUDING PARENTS) WITH WHOM CHILD MAY REGULARLY LEAVE SCHOOL WITH

NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:

PLEASE COMPLETE BOTH SIDES

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## P R E S C H O O L

### REGISTRATION FORM

#### ADDITIONAL PEOPLE (CONTINUED)

PEOPLE (NOT INCLUDING PARENT) WHOM CHILD MAY LEAVE WITH IN CASE OF EMERGENCY

NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:

#### CLASS CHOICE (PLEASE INDICATE 1st AND 2nd CHOICE IF APPLICABLE)

	PRE-K, 4 YEAR OLD, 4-DAY AFTERNOON PROGRAM (M, T, W, TH)
	4 YEAR OLD, 3-DAY MORNING PROGRAM (M, W, F)
	3 YEAR OLD, 3-DAY MORNING PROGRAM (M, W, F)
	3 YEAR OLD, 2-DAY MORNING CLASS (T, TH)

#### SIGNATURE REQUIRED

I understand that my child will receive religious instruction, including, but not limited to, hearing Bible stories, celebrating religious holidays and participating in prayer before snacks.

I grant permission for my child to be photographed for the purpose of creating memory books, slide show presentations and marketing use including website, brochures and social media.

In case of an emergency, every effort will be made to contact a parent/guardian or emergency contact. However, if unable to contact, I give permission to Poplar Creek Church and Schick's Crossing Preschool staff to perform CPR and/or First Aid if needed and to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being.

PARENT/GUARDIAN  
SIGNATURE:

DATE:

FOR OFFICE USE ONLY

DATE RECIEVED	AMOUNT	CHECK #
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