



## 2010-2011 Registration Form

### **Child Information:**

**Child's Full Name:** \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of September 2010 \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### **Family Information:**

**Mother's Full Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Siblings & Ages:** \_\_\_\_\_

**Special Concerns--** fears, health concerns, allergies, developmental delays, etc:

\_\_\_\_\_

Is this your child's first experience with preschool or other child care? \_\_\_\_\_

What type of care did he/she have previously? \_\_\_\_\_

*Please complete information on reverse side of form.*

**Emergency Decision Making Contacts in the event parents can not be reached:**

\_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

**Person(s) authorized to take your child to and from Preschool:**

\_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

**MEDICAL CONSENT:** I hereby do give my permission and/or consent to the staff of Chester Presbyterian Preschool to secure and authorize such emergency medical and dental care and/or treatment as my child might require while under the supervision of said Preschool personnel. I also agree to pay the entire costs and fees associated with any emergency medical or dental care and/or treatment received by my child as secured or authorized under this consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PICTURE RELEASE:** I hereby do give my consent to let my child be photographed for use by the Preschool in newspaper, CPP website or other media for the purpose of publicity or advertisements:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT RESPONSIBILITY:** I certify that the above information is accurate to the best of my knowledge. My signature below indicates intent to enroll my child in Chester Presbyterian Preschool. I agree to follow the policies and procedures of the program.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preschool Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Administrative Use:*

**Preschool I children:**

\_\_\_\_\_ Mon, Weds, Fri

\_\_\_\_\_ Tues, Thurs

**Preschool II children:**

\_\_\_\_\_ Mon, Tues, Thurs, Fri

\_\_\_\_\_ Tues, Thurs

**PreKindergarten children:**

*Class eligibility at the director's discretion*

\_\_\_\_\_ Mon, Tues, Thurs, Fri

Date registration form received: \_\_\_\_\_ Date Registration payment received: \_\_\_\_\_