



2012-2013 Registration Form

Please print legibly

Child's Information:

Child's Full Name: _____ Boy _____ Girl _____

Date of Birth: _____ Phone Number _____

Age as of September 2012 _____

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:

Health concerns, allergies, developmental delays, requests etc. _____

Is this your child's first experience with preschool or other child care? _____Yes _____No

What type of care did he/she have previously? _____

Emergency Decision Making Contacts in the event parents cannot be reached:

_____ Phone #: _____ Relationship _____

_____ Phone #: _____ Relationship _____

Person(s) authorized to take your child to and from Preschool (other than child's parents):

_____ Phone #: _____ Relationship _____

_____ Phone #: _____ Relationship _____

_____ Phone #: _____ Relationship _____

MEDICAL CONSENT: I hereby 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: _____

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.

Signature: _____ Date: _____

PICTURE RELEASE: I hereby 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: _____

If you have a class preference, please indicate it below. (For example, Tues/Thurs class or Mon/Wed/Fri class.) We will do our best to accommodate your requests however, all class assignments will be based on availability and the Director's discretion.

Please return this Registration Form to Chester Presbyterian Preschool along with the following:

- \$50 Registration Fee
- Copy of the child's Birth Certificate (new students only)
- Copy of the child's Immunization Record from his/her pediatrician

For office use only:	_____

