

2022 - 2023

First Presbyterian Weekday Preschool

Registration Form

Classes are from 7:45 a.m. to 11:30 a.m.
Children will be placed in classes by age.

18 months to 4-Year-Old

Morning

\$225.00 per month

A non-refundable registration fee for all children is \$75.00 to hold the child's space. This is due with the application form. No space is held without the registration fee. Availability of classes will be determined by registration numbers.

Applications must be returned with an updated immunization white day care form.

This is a first come, first served registration.

Date of enrollment _____

Child's date of birth _____

Home phone number _____ Cell number _____

New student _____ Returning student _____

Child's full legal name _____

Name used _____

Address _____

Zip Code _____

Parents

Mother's full legal name _____

Address _____

Work # _____ Home # _____ Cell # _____

Place of employment _____

Circle number to reach while at preschool please.

Father's full legal name _____

Address _____

Work # _____ Home # _____ Cell # _____

Place of employment _____

Guardian's full legal name _____

Address _____

Work # _____ Home # _____ Cell # _____

Place of employment _____

Persons authorized to take child from preschool at any time (medical or emergencies).

Name _____ Phone # _____
Relationship to child _____ (granny, aunt, nana, friend, etc.)

Name _____ Phone # _____
Relationship to child _____ (granny, aunt, nana, friend, etc.)

Name _____ Phone # _____
Relationship to child _____ (granny, aunt, nana, friend, etc.)

Please note: They may be asked for a driver's license if the staff does not know the person picking up a child.

Please list other siblings in the home:

Name _____ Date of birth: month ____ day ____ year ____

Name _____ Date of birth: month ____ day ____ year ____

Name _____ Date of birth: month ____ day ____ year ____

Name _____ Date of birth: month ____ day ____ year ____

Insurance Provider _____

Physician _____

Address _____

Phone # _____

Date of last checkup _____

Dentist _____

Address _____

Phone # _____

General Information

Are parents divorced? _____ separated? _____ If so, who has custody? _____

Please provide documentation of the custody agreement.

What has your child been told about this? _____

Is your child adopted? _____ foster child? _____ If so, what has the child been told about this?

General Health _____

Please list any health concerns _____

Potty-trained? _____ yes _____ no

Ordinarily three and four-year-old students must be completely "potty-trained" before entering the program. In some circumstances pull-ups are allowed, but if the child has frequent accidents, you will be called to change them.

Physical handicaps: Eyes _____ Ears _____ Teeth _____ Nose _____ Throat _____ Heart _____

Speech _____ Others _____ (Please explain any known handicaps you have checked)

Does your child receive any type of therapy? _____

Allergies? ___yes ___no

If yes, please list _____

Is this your child's first experience in a preschool? _____

If no, where did he/she last attend? _____

Please list any information that may help your teacher with a beginning relationship with your child _____

Pets _____ Names _____

Favorite toys _____

Favorite foods _____

Who will be picking up your child most days? _____

Carpooling? Please list who your child will be riding with at pickup.

Name _____

Additional comments _____

I give First Presbyterian Weekday Preschool my permission to transport my child _____
to the hospital of my choice _____
in the event of an accident/emergency.

Parent signature

Date

I have read and understand my child will never be administered corporal punishment while in the care of the staff at First Presbyterian Weekday Preschool. I also understand my child's information will not be shared with anyone other than their teachers.

Parent signature

Date