



**Wright's Chapel Preschool
Registration Form
Four Year Olds
2019-2020**



Personal Information

Child's Name: _____ Home: () _____
 Complete Mailing Address: _____
 Date of Birth: _____ 20____ Religious affiliation (if any): _____
 Parent/Guardian: _____ Work: () _____
 Occupation: _____ Cell: () _____
 Parent/Guardian: _____ Work: () _____
 Occupation: _____ Cell: () _____
 Child lives with:
 () Both Parents () Mom () Dad () Other: _____
 Please list other children and their ages: _____

Medical Information

Allergies: _____
 Medical conditions you want us to be aware of: _____

 Medical Release:
 In case of emergency, I authorize the staff of Wright's Chapel Preschool to seek medical attention for my child, _____.
 Parent/Guardian Signature: _____ Date: _____
 Insurance Company: _____ Policy #: _____

Emergency Contacts

Please list below all individuals who are authorized to pick up your child. These individuals may also be called in the event of an emergency when the parent(s) cannot be reached. A photo I.D. will be required for these individuals to pick up your child.

Emergency Contact #1: _____
 Relationship: _____ Daytime phone #: () _____

Emergency Contact #2: _____
 Relationship: _____ Daytime phone #: () _____

Previous Centers Attended: Preschools, daycare centers, etc. (Name, City and State)

Please complete information on back of registration form.

Contact Information: (Please initial all that apply)

I encourage my child's teacher to communicate with me through email. My email address is: _____

I give permission to Wright's Chapel Preschool to include my home phone number on the class roster.

I give permission to Wright's Chapel Preschool to include my email address on the class roster. My email address is: _____

Class rosters are only given to families currently enrolled in our preschool program.

Photo Release:

I give permission for photographs of my child to be used at Wright's Chapel in publications within the church (ie: church newsletters) and on the church website. Children's names will not be published without parental consent.

Yes, signed _____

No, signed _____

Additional Information:

Things you would like us to know about your child:

Authorized People for Pick up:

BOTTOM TWO SECTIONS ARE FOR OFFICE USE ONLY. PLEASE DO NOT FILL OUT.

Proof of Identity: (Must be a certified copy of Birth Certificate.)

Child's Name: _____

Child's Place of Birth: _____

Birthdate: _____ Birth Certificate #: _____

Date of Issuance: _____

Staff Signature: _____ Date rec'd: _____

Checklist:

Proof of Identity

Immunization Records

Registration form-complete

Registration:

Date rec'd: _____

Deposit Amount: _____

Method of payment: _____

Acceptance letter mailed: _____

Orientation letter mailed: _____