



**Wright's Chapel Preschool**  
**Registration Form**  
**Four Year Olds**  
**2020-2021**



**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 Children's names will not be published without parental consent.**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: \_\_\_\_\_

\_\_\_\_\_

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**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: \_\_\_\_\_