

All God's Children Preschool
GRACE United Methodist Church

2010-2011 School Year
Registration Form



Child's Name _____
Please Print – Last First MI

Male Female Birth Date _____

Child's Mailing Address _____

City _____ State _____ Zip Code _____

Do both parents reside at the same address? Yes No
Does child reside with someone other than parents? Yes No

If Yes Name: _____

Address _____ Home Phone _____

Father _____ Mother _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

CLASS CHOICES

Although we cannot guarantee your 1st class preference, as classes fill up quickly; we will do our best to honor your 1st choice. PM classes will be held unless interest/enrollment is too low.

1st Choice-Class ___ 2's (am only) or ___ 3's

M/W a.m. _____ p.m. _____

T/TH a.m. _____ p.m. _____

Pre-K only
T/W/TH a.m. _____ p.m. _____

2nd Choice-Class ___ 2's (am only) or ___ 3's

M/W a.m. _____ p.m. _____

T/TH a.m. _____ p.m. _____

Pre-K only
T/W/TH a.m. _____ p.m. _____

Bonus Friday _____

OFFICE USE ONLY

Program _____

Teacher _____

Room _____

Enrollment Date _____

Registration Fee Paid _____

Check # _____

Immunization Record _____

EMERGENCY INFORMATION

Emergency contact if parent cannot be reached. Please list someone other than parent.

Name _____ Relationship _____ Phone _____ Cell phone _____

Name _____ Relationship _____ Phone _____ Cell phone _____

RELEASE OF LIABILITY AGREEMENT

As the parent or legal guardian of _____, I hereby give my permission for him/her to participate in the All God's Children classes and field trips during the school year.

In the event of an emergency, I give permission to the leaders of All God's Children Preschool and/or Grace United Methodist Church to render first aid, as well as the physician selected by the adult leader to also render first aid for any hospitalization, secure proper anesthesia, order injections, or secure medical treatment, as needed.

I further agree to hold harmless and indemnify the All God's Children Preschool leaders and Grace United Methodist Church from any and all claims for damages arising out of personal injuries sustained by my child or ward, at any class time, playground, playroom, lunchroom, and field trips, and I hereby fully and forever release and discharge the All God's Children Preschool Director and staff, and Grace United Methodist Church from any and all said claims.

Parent or Guardian Signature _____ Date _____

Printed Name _____

TUITION RESPONSIBILITIES

We, (I) agree to pay a \$75.00 registration fee with this form to hold a place open and 9 (nine) tuition payments for the entire school year. Payments are due the first day of every month regardless of absenteeism. In the event of withdrawal, all agreements are terminated. Make all checks payable to **All God's Children Preschool**. All tuition payments should be placed in the mailbox located outside the preschool office. All tuition is due the first of every month or a \$25.00 late fee will be applied to your account after the 10th of the month. Monthly tuition for 2-day programs = \$90.00, 3-day programs = \$115.00, Bonus Friday = \$30.00 additional per month. Per diem cost is available upon request.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

PHOTO PERMISSION

We, (I) _____, hereby give permission for All God's Children Preschool and/or Grace United Methodist Church to use any photos of my child, _____, that might be taken throughout the school year to be used for birthdays, crafts, slideshows, church directory, newspaper, or brochure for publication.

Parent or Guardian Signature _____ Date _____

CHILD/FAMILY HISTORY

Name and ages of siblings:

Name _____ age _____ Name _____ age _____

Name _____ age _____ Name _____ age _____

Is your family a member of Grace United Methodist Church? Yes or No

Are you interested in attending Grace United Methodist Church? Yes or No

What church do you attend? _____

HEALTH MATTERS

1) Has your child had the chicken pox vaccination? Yes No
2) Has your child had the chicken pox? Yes No
3) Is your child potty trained? Yes No ~~////~~ (Children entering 3 year old and Pre-K must be potty trained.)
4) Is your child allergic to any types of food? Yes No
If yes, please list all foods _____

5) Is your child allergic to any products? Yes No
If yes, please list all products _____

6) Has your child ever had a seizure? Yes No
If yes, please indicate when and why _____

7) Does your child take any medication? Yes No
If yes, please indicate what and why _____

8) Has your child ever been hospitalized? Yes No
If yes, please indicate when and why _____

9) Do you have any concerns about your child's hearing? Yes No

10) Do you have any concerns about your child's vision? Yes No

11) What language does your family speak at home? _____

12) Has your child had a previous evaluation, such as speech or learning delays? Yes No
If yes, please indicate when and where? _____

13) Does your child currently receive special services? (such as speech therapy, physical therapy, etc.) Yes No
If yes, please indicate what services and where? _____

14) Has your child previously attended or is your child currently attending a preschool or childcare program? Yes No
If yes, please indicate when and where? _____

15) Information concerning any special need your child might have (big or small) _____