

Covenant Presbyterian Preschool Registration Application 2020-2021 School Year

Child's Name _____ Name called _____

Sex _____ Birthdate _____ Age as of September 1st _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mom's cell phone _____ Dad's cell phone _____

Father's Name _____ Employer _____ Work phone _____

Mother's Name _____ Employer _____ Work phone _____

Current Marital Status: Married _____ Separated _____ Divorced _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other _____

Class registering for: _____ 4 year _____ 3 year _____ 2 yr/4 day _____ 2 yr/3 day _____ 1 yr/3 day _____ 1 yr/2day
*Three Year Olds MUST be potty trained

Family Email: _____ Church affiliation : _____

Please list any ALLERGIES or medical problems _____

Child's Doctor _____ Doctor's Phone Number _____

Please list any dietary restrictions your child has: _____

I agree to pay my child's tuition monthly, September through May. If tuition is not paid by the 5th of the month, a \$15.00 late fee will be assessed. If tuition and late fee are not received by the 30th, your child will be withdrawn from school. There are no credits for absences. I have read and agree to the above. Attached is my registration fee to reserve my child's space. I understand that this fee is non-refundable, even if I decide not to enroll my child or withdraw during the year.

Parent's signature _____ Date _____

Two names and phone # (other than parents) to call in case of an emergency

1. _____ 2. _____

My child has permission to be picked up by the following people other than myself:

1. _____ Relationship to child: _____

2. _____ Relationship to child: _____

To Whom It May Concern:

I, _____, hereby authorize Covenant Presbyterian Preschool to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child, _____, and specifically authorize and request that the necessary treatment be provided by you to my child. A photocopy of this authorization and consent for medical treatment shall have the same force and effect as the original.

Parent's signature _____ Date _____

Office Use: Date: _____ Registration Fee _____ Emergency Info _____ Immunization _____
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