



# REGISTRATION FORM

Child's Name (first & last) \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male Female  
 Father's Name \_\_\_\_\_ Father's Place of Employment \_\_\_\_\_  
 Father's Work Ph \_\_\_\_\_ Father's Cell Ph \_\_\_\_\_  
 Mothers Name \_\_\_\_\_ Mother's Place of Employment \_\_\_\_\_  
 Mother's Work Ph \_\_\_\_\_ Mother's Cell Ph \_\_\_\_\_  
 Hm Ph \_\_\_\_\_ Family Email \_\_\_\_\_  
 Home Address: \_\_\_\_\_

**Please indicate if you would like your family's information in the GCUMC Preschool directory.**

The directory is used for families to contact you for children's play dates, birthday parties, etc.

PLEASE let director know if you would like a cell phone to be added to directory as well / or in lieu of.

\_\_\_\_\_ Yes, I would like my family's contact information in this year's directory.

\_\_\_\_\_ No, do not put my family's contact information in this year's directory.

**Other children in family:**

Number of brother's \_\_\_\_\_ Names & ages \_\_\_\_\_

Number of sister's \_\_\_\_\_ Names & ages \_\_\_\_\_

Other adults living in the home \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**EMERGENCY CONTACTS- YOU CANNOT LEAVE THIS BLANK; YOU CANNOT LIST YOURSELF (THE PARENT) AS THE EMERGENCY CONTACT.** You as the parent will ALWAYS be the *FIRST* point of contact in any situation. The purpose of the emergency contact: In the case the parents cannot be reached, we will attempt to reach the emergency contacts listed. For instances such a child illness, injury, the parent has not yet arrived for afternoon pick up etc... If there is no emergency contacted listed, we will contact the local emergency services such as Guilford County Police. By listing the emergency contacts below, you are giving the persons listed below permission to pick up your child from GCUMC Preschool. **Proper identification is mandatory** (i.e. driver's license, school ID etc...Identification must have photo.)

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Name of child's doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Has your child been in an Early Childhood Program before? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

**Please indicate which class you wish to enroll your child:**

- |  |  |
|--|--|
| Fun Friday (1 yr / 2 yr combo class) _____ | Fun Friday (3 yr / 4 yr combo class) _____ |
| Pooh Bears (1 yr/2 yr) - T/TH _____        | Teddy Bears (2yr/3yr) - M/W _____          |
| Teddy Bears (2 yr/3yr) - T/TH _____        | Busy Bees (3 yr/4yr) - T/TH _____          |
| Bees (3yr/4yr) - M/W/F _____               | Rainbow Room (4yr/5yr) M – TH _____        |

Please state any other information you feel would be valuable for us to know about your child



\_\_\_\_\_  
\_\_\_\_\_

**Please Turn Form Over**



# MEDIA CONSENT FORM

From time to time GCUMC Preschool is featured in the local newspaper (Northwest Observer, News and Record etc) and/or the local new media may come to our facility to cover exciting events!

By law, GCUMC Preschool protects the privacy of the students and is prohibited from releasing students personal information. Any student and/or their school work will be identified by first name only.

GCUMC Preschool staff often take photos of their class/students, and will post in the hallway.

I hereby consent to the use of photography/video taken of my child by GCUMC preschool for the use of advertising or publicizing event, activities, facilities, and programs of the GCUMC Preschool in newspapers, newsletters, website, other publications, television, radio, and other communications and advertising media.

\_\_\_\_\_ Yes, I give permission

\_\_\_\_\_ No, I do not give permission

**Please print the following:**

Students Name \_\_\_\_\_

Parent /Guardian's Name \_\_\_\_\_

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_