

# Calvary Community Preschool Registration Form

Office Use	
3's <input type="checkbox"/>	4's <input type="checkbox"/>
Teacher _____	
Registration Fee _____	
Reg. Date _____	
Immunization Record <input type="checkbox"/>	

Teacher Request: You may request a teacher, but we cannot guarantee that we can place your child with that teacher. \_\_\_\_\_

Child's Name (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Male  Female   
Child's Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

## Emergency Contacts

Please list two people, other than yourself, who we might contact if you cannot be reached in case of an illness or injury.

Name _____	Name _____
Phone _____	Phone _____
Relationship to child _____	Relationship to child _____

## Pick-up Information

Persons authorized to pick-up your child other than yourself:

\_\_\_\_\_

Persons NOT authorized to pick-up your child.

\_\_\_\_\_

## About Your Child

Describe your child's personality: \_\_\_\_\_

Is your child afraid of anything? \_\_\_\_\_

Which hand does your child color with? right  left

Church you attend: \_\_\_\_\_ None



Sisters	Age	Brothers	Age

### Medical Information

Does your child have any food allergies? Yes  No

Please list any allergies. \_\_\_\_\_

Does your child have any medical conditions that we should be aware of?

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Group Number \_\_\_\_\_

### Parent Medical, Photo, and Transportation Authorization / Waiver

In the event that I cannot be reached, I give permission for Calvary Community Preschool to seek medical assistance for my child as they deem necessary.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child to ride the Calvary Community Church bus to and from any fieldtrip with Calvary Community Preschool.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child to be photographed during class, on field trips, and during special events. Photos may be used on Calvary's website.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_