

Oakland Heights Preschool

Registration Form

Child's Full Name: _____ Date of Birth: _____

Name child goes by: _____ Age (by Sept. 1): _____ Gender: () Male () Female

A non-refundable registration fee of \$125 per child is due upon registration.

\$75 registration fee for Oakland Heights Baptist Church members

Registering Class:

- | | | |
|------------------------------|---------------------------|--------------|
| () 2 Year Old Class | Tuesday & Thursday | \$135/ Month |
| () 3 Day 3 Year Old Class | Monday, Wednesday, Friday | \$165/Month |
| () 5 Day 3 Year Old Class | Monday- Friday | \$185/Month |
| () Pre-K (4 Year Old) Class | Monday- Friday | \$195/ Month |

Allergies: _____

Medical Conditions: _____

Medications Taken Daily: _____

Child Resides With: () Both Parents () Mother () Father () Grandparents
() Foster Parents () Legal Guardian () Other: _____

Mother's Name: _____ Cell Number: _____

Address: _____ Home Number: _____

_____ Work Number: _____

Employer/ Occupation: _____

Father's Name: _____ Cell Number: _____

Address: _____ Home Number: _____

_____ Work Number: _____

Employer/ Occupation: _____

Please list names and phone numbers of people who have permission to pick up your child.

ID will be requested upon pick up.

Please see Preschool Director if additional people need to be added at any time during the school year.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Church Affiliation: _____

How did you hear about Oakland Heights Preschool? _____

Yes I would like information about Oakland Heights Baptist Church

Please submit a current shot record for your child with registration

Oakland Heights Preschool

16 Highland Way

Cartersville GA. 30121

Director, Tabrina Cowart

tcowart@oaklandheights.com

770-386-3258

Photo Release

() I *give* permission for my child, _____ to have his/her photograph or likeness published on any Oakland Heights Preschool printed material, advertising, website, social media, or display.

() I *do not* give permission for my child, _____ to have his/her photograph or likeness published on any Oakland Heights Preschool printed material, advertising, website, social media, or display.

Parent/ Guardian Signature: _____ Date: _____

Medical Release

I, parent/ guardian of _____, do hereby give permission to Oakland Heights Preschool teachers and staff to secure and authorize such emergency medical care and/ or treatment as above-named child might require while under the supervision of Oakland Heights Preschool. I further authorize Oakland Heights Preschool teachers and staff to administer emergency care/ treatment as required, until medical assistance is available. I also agree to pay all costs and fees contingent of any emergency medical care and/or treatment for said child as secured or authorized under this consent.

Parent/ Guardian Signature: _____ Date: _____