



Longview Point Baptist Church
1100 McIngvale Road
Hernando, MS 38632
662-449-1044
angela@longviewpoint.org

2019/2020 Registration Packet 2 Day Program

Instructions

- Please fill out the application completely, following all directions. Do not leave anything blank. Failure to complete this application could cause delay in the registration process for your child.
- Completed applications should be turned in to the PDS office. Please **DO NOT** leave applications in the church office.
- **Parents or legal Guardians** must be present to register your child due to signatures and initials that must be obtained at the time of registration.
- You **MUST** bring the following to register (**PLAN AHEAD!**):
 - ___ Certified copy of your child's Birth Certificate (NOT Mother's Copy)
(We can make copies for you)
 - ___ Current MS 121 Immunization Form (Shot Record)
We will not accept an application without this form unless your child is currently enrolled in Longview Point Day School with an updated form on file.
 - ___ Completed Application Admission
 - ___ Registration Fee of \$50

**The Point Day School
Registration Form 2019/2020**

Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: M F

Home Address: _____

(City)

(State)

(Zip)

Home Phone: _____ Church Attending: _____

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Cell Phone: _____

E-Mail Address: _____ E-Mail Address: _____

Employment: _____ Employment: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Communication Preference: (Please circle one) Call Text Email

Name(s) and Age(s) of Sibling(s): _____

List any special needs your child may have: _____

for office use only

The following are authorized to pick up my child/children:

1. Name: _____ Cell #: _____ Relationship: _____
2. Name: _____ Cell #: _____ Relationship: _____
3. Name: _____ Cell #: _____ Relationship: _____

Emergency Information

In case of emergency and the PARENTS cannot be reached, contact the following:

1. Name: _____ Relationship: _____
Cell #: _____ Other #: _____
2. Name: _____ Relationship: _____
Cell #: _____ Other #: _____
3. Name: _____ Relationship: _____
Cell #: _____ Other #: _____

Please list your preferred doctor/hospital and phone numbers in case of emergency:

Doctor: _____ Phone #: _____
Hospital: _____ Phone #: _____

Complete each of the following **by INITIALING either yes or no:**

My child may be photographed/videoed at The Point Day School. I understand that The Point Day School and Longview Point Church may use my child's picture for promotional purposes on social media. _____ Yes _____ No

The Point Day School may give my child emergency medical treatment if needed. _____ Yes _____ No

Medical History

Mark with **X** if your child has ever had any of the following: Chicken Pox _____
Measles _____ Flu _____ Meningitis _____ Whooping Cough _____ Convulsions _____

Mark with **X** if there is any evidence of: Hearing Loss/Difficulties _____ Vision
Impairment _____ Speech Disabilities _____ If yes, is he/she receiving services _____

Please list any or all that apply to your child:

Hospitalizations: _____

Operations: _____

Other serious illnesses: _____

Does your child have any allergies? Yes or No

Please list the allergy and the reaction (including food allergies):

List any medications taken regularly by your child - prescription and/or over the
counter: _____

How does your child get along with other children? _____

Adults? _____ Does your child have any fears? _____

What is your child's attitude about starting a new school experience? _____

Has your child ever attended any other school-oriented program? _____

If so, when _____ and where _____?

Discipline

I authorize The Point Day School to administer non-physical discipline to
_____. The discipline he/she receives at home is as follows:

_____.

Parent/Legal Guardian Signature: _____

****We DO NOT spank! Further details are found in the handbook.****

Please read carefully and INITIAL the following statements:

I understand that the \$50 registration fee is due when the application is completed and returned. My child's spot is not secure without this. _____

I understand that the \$50 registration fee is **non-refundable**,
NO EXCEPTIONS. _____

I understand that tuition is due the 1st of each month and late the 15th. A late fee of \$20 will be assessed. _____

I understand that if I withdrawal my child AFTER August 1, 2019, there will be a 1 month tuition penalty. _____

Field Trips

I give permission for _____ to attend any field trips or other outings with the understanding that The Point Day School will not be held responsible for accidents. I understand that I must provide transportation to and from the field trip location. I understand that myself or another adult of my choosing is required to stay for the duration of the field trip for my child. I understand that I will be notified of dates and times for all field trips prior to the event.

Parent/Legal Guardian Signature _____

For Office Use Only:

Date of registration _____ Class _____

On File: Birth Certificate _____ MS Immunization Form 121 _____