



Longview Point Baptist Church  
1100 McIngvale Road  
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## 2019/2020 Registration Packet 3 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: \_\_\_\_\_

\_\_\_\_\_

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

My child is completely potty trained and out of pull-ups. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Medical History**

Mark with **X** if your child has ever had any of the following:      Chickenpox \_\_\_\_  
Measles \_\_\_\_ Flu \_\_\_\_ Meningitis \_\_\_\_ Whooping Cough \_\_\_\_ Convulsions \_\_\_\_

Mark with **X** if there is any evidence of: Hearing loss/difficulties \_\_\_\_  
Vision Impairments \_\_\_\_ Speech disabilities \_\_\_\_  
If yes, is he/she receiving services? \_\_\_\_

Physical Impairments: \_\_\_\_\_  
\_\_\_\_\_

Please list any special needs that your child may have:  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_  
\_\_\_\_\_

**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 select ONE of the following classes for your child:**

(The classes are determined by the age of your child before September 1, 2019)

_____ Kindergarten	\$2650 (\$265 per month x 10)
_____ 4yr Pre-K	\$2650 (\$265 per month x 10)
_____ 3yr Pre-K	\$2650 (\$265 per month x 10)
_____ 2yr Pre-K	\$2650 (\$265 per month x 10)

**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 \_\_\_\_\_