



Pathway Preschool 2017-2018 Registration Form

Child's name _____

Birthdate _____

Class:

____ 3-year-old class ____ Half day ____ Full day ____ M/W/F ____ T/Th

____ 4-year-old class ____ Half day ____ Full day

For office use

ALLERGY ALERT LABEL

Mother's name _____

Mailing address _____

City _____ State _____ ZIP _____

Employer _____ Work phone _____

Home number _____ Cell _____

Cell provider ATT Verizon Other _____

Email address _____

Father's name _____

Mailing address _____

City _____ State _____ ZIP _____

Employer _____ Work phone _____

Home number _____ Cell _____

Cell provider ATT Verizon Other _____

Email address _____

Please use the space below to inform us about any special needs regarding custody situations. Also, submit to the director any legal forms and actions to be placed in this child's file.

Medical History

Date _____

Pathway Preschool
Pathway Baptist Church

Child's name: _____

Pediatrician's name: _____ Phone: _____

Dentist's name: _____ Phone: _____

Surgeries: _____

Physical disabilities: _____

Allergies: _____

Dietary restrictions: _____

Chronic conditions: _____

Medications: _____

What hospital do you prefer for your child? _____

Who is your insurance provider? _____

Group number: _____

Does your child wear glasses? Yes _____ No _____

Convulsions? Yes _____ No _____

Diabetic? Yes _____ No _____

Has your child had any of the following?

Age	Age
Asthma: _____	Measles: _____

Bronchitis: _____	Mumps: _____
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Chicken pox: _____	Pneumonia: _____
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German measles: _____	Rheumatic fever: _____
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Heart disorder: _____	Whooping cough: _____
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Other: _____

Who is permitted to pick up your child in the event we cannot reach you?

Name _____
Phone/Cell _____
Relationship to your child _____

Name _____
Phone/Cell _____
Relationship to your child _____

Name _____
Phone/Cell _____
Relationship to your child _____

Church child attends _____

Would you like more information about Children's Ministry at Pathway Baptist Church?

_____ Yes _____ No

Financial Information

Please note that at Pathway Preschool we are legally obligated to give tax credit information only in the name of the payer. If someone other than the parent pays the tuition, the person paying will receive tax credit, not the parent of the child. In joint custody situations, parents may split the cost of tuition and each receive their own tax credit. Keep in mind this will mean individual payments as credit will be given to the name of the person from whom payment is received.

Please list below the name and address of any person(s) other than parents who will be paying tuition for this child:

Name: _____

Address: _____

Name: _____

Address: _____

Release Form

Pathway Preschool
Pathway Baptist Church

I give my permission for my child _____ to receive emergency medical treatment if deemed necessary by Pathway Preschool personnel or Pathway Baptist Church staff. I understand that I will be responsible for any medical costs incurred at such time.

Parent signature _____ Date _____

I give my permission for my child _____ to participate in programs at Pathway Preschool that involve live animals.

Parent signature _____ Date _____

I have received and reviewed a copy of the "Rights for Children and Parents" document pursuant to KRS 199.898.

Parent signature

Date

Parent name (print)

I have read and understand the information and policies written in the Pathway Preschool Parent Handbook. This includes policies on illness, medication, fees and discipline. I understand that it is my responsibility to adhere to these policies to the best of my abilities and to notify any other care giver of them as well.

Parent/Guardian signature

Date

Social Habits

Date _____

Pathway Preschool
Pathway Baptist Church

Child's name: _____ Birthdate: _____

1. Names and ages of brothers: _____
2. Names and ages of sisters: _____
3. Others in the home: _____
4. What are some ways your child plays at home? _____

5. In what other group experiences does your child participate? _____

6. How does your child generally handle frustration or conflict with another child? _____

7. Describe your naptime procedures at home. _____

8. Tell us how to best comfort your child: _____

9. Please explain any social/cultural issues we may need to be aware of to best meet the needs of your child: _____

10. Please list any areas of concern you have about your child's development: _____

11. What languages are spoken in your home? _____

12. We want to relate and minister to your child in every way possible. Please tell us anything else you would like to share about your child on the back of this page.

Pathway Preschool

Date _____

Disaster Preparedness

Update _____

Update _____

Parents:

This form is slightly different from the registration form. In the first section below, please provide for us the location and contact information of someone you know who lives close to Pathway Baptist Church who could pick your child up and assume temporary custody in the event of a disaster. This is NOT someone we would release them to on a daily basis; this is in a crisis situation where time is a factor.

In the second section below, please provide for us the contact information of at least one person who may be contacted to pick up the child in an emergency/disaster.

1. Name _____

Phone (Home) _____ (Work) _____ (Cell) _____

Address _____

2. Name _____

Phone (Home) _____ (Work) _____ (Cell) _____

Address _____

3. Name _____

Phone (Home) _____ (Work) _____ (Cell) _____

Address _____

In EMERGENCIES requiring immediate attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____

Date _____

Child's primary physician or source of health care _____
Phone _____
Address _____

Mother's name _____ Home phone _____

Address _____

Mother's employer _____

Employer address _____

Work Phone _____ Cell phone _____

Email address _____

Father's name _____ Home phone _____

Address _____

Father's employer _____

Employer address _____

Work Phone _____ Cell phone _____

Email address _____

Name of person(s) with court ordered restricted access to the child:

1. _____

2. _____

3. _____

