

Emergency Contacts

Note: The individuals below are responsible adults that may be contacted regarding my child should you be unable to reach me. **These individuals may pick up my child from school.**

Name: Relationship to child:

Cell Phone:

Name: Relationship to child:

Cell Phone:

Pick Up Authorization

Note: Individuals listed below are authorized to pick up my child from school.

Name: Relationship to child:

Cell Phone:

Name: Relationship to child:

Cell Phone:

Medical Release

In case of emergency, we, the parents of , give the staff of the Mustard Seed School permission to obtain medical attention as needed for the immediate welfare of our child. We also agree, under the forenamed circumstances, to pay for all medical expenses involved.

Signature:

Transportation Release

I give permission for to ride in the following vehicles during field trips from

September 20 to May 20: (Please initial all that apply.)

Church Van

Signature:

MUSTARDSEED

Developing a love of learning and a heart for truth.

Registration

Fall 2024

Child's Information

Legal Name: Nickname:

Birth Date: Age on August 31st: Gender: Male Female

Address: Home Phone:

Parent's/Guardian's Information

Name:

Relationship: Mom Dad Other: Age: Lives with Child: Yes No

Cell Phone: Email:

Employer: Phone:

Name:

Relationship: Mom Dad Other: Age: Lives with Child: Yes No

Cell Phone: Email:

Employer: Phone:

Registration Information

See Class Information sheet for available options.

Class: Seedlings Little Sprouts Buds & Blossoms Sunshine Bunch
Monday/Wednesday/Friday Tuesday/Thursday Monday-Friday Early Arrival

For Office Use Only

Child's Name: Birth Date:

Registration Date: Paid Class: Seedlings Little Sprouts Buds & Blossoms Sunshine Bunch
Monday/Wednesday/Friday Tuesday/Thursday Monday-Friday Early Arrival

Teacher Preference:

Family Information

Please list all members of your child’s immediate family.

Name: Relationship to child:

Gender: Male Female Age: Lives with Child: Yes No

Name: Relationship to child:

Gender: Male Female Age: Lives with Child: Yes No

Name: Relationship to child:

Gender: Male Female Age: Lives with Child: Yes No

Name: Relationship to child:

Gender: Male Female Age: Lives with Child: Yes No

Please list additional family members on another sheet of paper.

Religious Affiliation:

Child’s Medical Information

Allergies (medication, food, environmental, etc.)

Medications & Reason:

(Note: The Mustard Seed School does not have a nurse on staff. Medications needed during school hours must be administered by a parent or authorized adult.)

Communicable Disease (Please give date for most recent occurrence.)

Chicken Pox Measles Mumps
Hepatitis Whooping Cough Other:

Special Needs or Additional Relevant Medical Information (i.e. serious illnesses/accidents, operations, handicaps, premature birth/circumstances of birth, etc.):

Child’s Personality & Background Information

Sleep: What time does he/she... go to bed at night? wake in the morning?

Speech: Does he/she speak plainly so that others, besides those at home, can understand?

Yes No

Are there any languages, besides English, spoken in the home? If so, which ones:

Behavior: Does he/she have any significant fears? If so, please explain

Are you aware of any significant issues? (anger, aggression, anxiety, hostility, etc.) (please explain)

Has he/she been traumatized in any way? (please explain)

Discipline: What method of discipline do you use at home? (time out, removing privileges, verbal correction, other) Please explain.

Dietary: Does your family or your child have any dietary restrictions for any reason (i.e. gluten free, egg free, vegetarian, etc.)?

Miscellaneous: Is there any information we should have concerning him/her that would help us to better understand him/her?

What are you hoping to have him/her gain from this experience?