



Registration Form 2022 -2023

Application Date _____

Child's Name _____ Sex _____ Birth Date _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone () _____ Email Address _____

Mother's Name _____ Cell Phone () _____

Business Phone () _____ Occupation: _____

Father's Name _____ Cell Phone () _____

Business Phone () _____ Occupation: _____

Is your family a member of SouthWoods Christian Church? Yes or No

Have any of your children been enrolled in our program before? Yes or No

I understand that I must pay a non-refundable \$75 enrollment fee at the time I submit this registration form.

I understand that *tuition is due each month on or before the 15th day of the Month* in order to retain my child's classroom assignment.

I understand that the following forms must be completed:

- **Enrollment/Agreement Form** (due upon placement notification to secure your child's spot)
- **Child Health Assessment Form** - *Must be completed by Licensed Physician (due on child's first day of school)
- **Authorization for Emergency Medical Care Form** - *Must be notarized (due on child's first day of school)
- **Medical Record Form** - *Must have doctor's signature and immunization record (due on child's first day of school)
- **History of Immunization Form** — *Must have doctor's signature and immunization record (due on child's first day of school)

Parent Signature _____ Date _____

Classroom Placement

_____ **Nursery 1** (*Must be 15 months and walking by September 6*)

_____ **Nursery 2** (*Must be 30 months (2.5 years) by September 6*)

_____ **Preschool** (*3 years old and fully potty trained by September 6*)

_____ **Pre-Kindergarten** (*4 years old by August 31*)

Dates of Attendance:

(please circle the days of the week your child will attend)

Monday Tuesday Wednesday Thursday