

Aldersgate Christian Preschool

Registration Form

Today's Date: _____ Birth Certificate Number: _____, State: _____

Student's Name: _____

Gender: Male Female Birth Date: _____

Home Phone: () _____ Home Email: _____

Address: _____

Family Information

Fathers Name: _____ Living with Student: Yes No

Work Phone: () _____ Cell Phone: () _____

Mother's Name: _____ Living with Student: Yes No

Work Phone: () _____ Cell Phone: () _____

Church Connection: _____

Siblings:

Name: _____ Birth Date: ____/____/____ Gender: Male Female

Name: _____ Birth Date: ____/____/____ Gender: Male Female

Name: _____ Birth Date: ____/____/____ Gender: Male Female

Name: _____ Birth Date: ____/____/____ Gender: Male Female

Medical History

Student's Physician: _____ Physician's Phone () _____

Please list all medical concerns or information we should know about your child:

Person(s) authorized to care for your child in an emergency - if mother, father, or guardian cannot be reached:

1. Name: _____ Address: _____

Phone (Home): _____ (Work): _____

2. Name: _____ Address: _____

Phone (Home): _____ (Work): _____

3. Name: _____ Address: _____

Phone (Home): _____ (Work): _____

How did you hear about Aldersgate Christian Preschool?

Tuition is \$285 per month. This payment is expected the very first day of each month. If the first day of the month is a day that your child is not scheduled to be at school, then you are to pay on the first day your child attends. If for some reason you have planned to be away at this time, please arrange to have your tuition in before you leave.

The Student Registration Fee of \$100 per child is non-refundable and guarantees the student's class placement.

PERMISSION FOR PUBLICITY:

I give Aldersgate Christian Preschool permission to use my child's picture on the preschool website and/or social media. (Children's names will never be used)

Yes _____ No _____

PERMISSION FOR EMERGENCY TREATMENT:

IF YOU ARE UNABLE TO LOCATE EITHER OF MY CHILD'S PARENTS, I HEREBY GIVE YOU MY PERMISSION TO SECURE EMERGENCY TREATMENT FOR MY CHILD.

Signature: _____ Date: _____