

# Aldersgate Christian Preschool

## Registration Form 2021/2022

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 Affiliation: \_\_\_\_\_

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 \$235 per month for the 4 year old class (Mon, Wed, Fri) and \$180 for the 3 year old class (Tues, Thurs). 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 family 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: \_\_\_\_\_