

Aldersgate Christian Preschool

Registration Form 2023/2024

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 \$370 per month for the 5 day class, \$245 per month for the 3 day class, and \$190 per month for the 2 day 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: _____