GVBC PRESCHOOL REGISTRATION (2011-2012)

(A $30 non-refundable registration fee is required with registration.)

For Office Use Only: Class (age and days): ___________________

Tuition Per Month: 1 Day: $50 ___ 2 Days: $90 ___ 3 Days: $130 ___ 5 Days: $175 ___

Child's Full Name:_______________________________________ Name Used:____________

Birth Date: _____________________ Sex: __________________

Mother's Name:___________________________ Father's Name:________________________

Address: ____

Home Phone: _______________________ Email: ___________________________________

Marital Status of Parents: _____ Married _____ Widowed _____ Separated _____ Divorced

Please list any custody/visitation arrangements: ______________________________________

____

Parent's Occupation: Father:________________________ Work Phone: _________________

Cell Phone/Pager: _____________

Mother:_______________________ Work Phone: _________________

Cell Phone/Pager: _____________

Person(s) to be notified in case of an emergency: *Relative or friends (local)*

Name	Relationship	Phone No.
1)		
2)		

Church Affiliation or Preference: ______________________________

Brothers (name and age of each): ____

Sisters (name and age of each) :____

Adults in Home Besides Parents: ____________________________ Relation: _____________

Has your child been enrolled in a preschool/daycare before? If so, when and where?

Is your child toilet trained?

Does your child have any special fears/anxieties that we should be aware of? If so, please describe.

Please list any special interests/play activities of your child.

Is any language other than English used in the home? If so, please describe.

Persons authorized to pick up your child:

Name	Relationship	Phone No.
1) ______		
2) ______		
3) ______		

Child's Doctor: ______________________________

Office Address: ______________________ Phone No: __________

Child's Dentist: ______________________________

Office Address: ______________________ Phone No: __________

Hospital Preference: ______________________

List Any Allergies: ______________________________

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I hereby give permission for you to administer general first aid, i.e.. Antiseptic cream and band-aids. In the event of an illness or accident, which requires immediate medical treatment, at a time when a parent cannot be located, I give permission for Glenn View Baptist Preschool Personnel designated by the Director to authorize treatment. I will not hold the center nor medical personnel responsible. This is done with the understanding that every attempt will be made to contact the parents, the child's physician, and other persons listed for emergency contact.

Signed: ______________________ Date: ______________

Immunization Requirements

A medical record of your child's immunization must be on file in the Preschool Director's office prior to the first day of school. For the children's safety, there will be no exceptions to this rule.

Medical Form to be Completed by Health Care Provider

Child's Name: ____

Last First Middle

List any allergies (food, insect stings, medicine, etc.)

____

Is this child in good health and physical condition? _____ Yes _____ No (please explain)

____

Does this child have any health problems or other conditions that would affect his/her participation in preschool? __________ If yes, please explain: _________________________

____

Special attention or care needed: ____

Does this child have any communicable diseases? ________ If yes, please explain: _________

____

Is this child current on all immunizations for his/her age? _____ Yes _____ No

Please attach a copy of immunizations and dates given.

____ ___________________

Signature of Health Care Provider Date

Address: ____

Phone Number: _________________________