

For Office Use Only:

Fee Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Start Date: \_\_\_\_\_

## Creative Beginnings Christian Preschool 2017-2018 Registration Form

Child's Full Name: \_\_\_\_\_ boy/girl Name to use in class: \_\_\_\_\_  
(circle)

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

In the case of an emergency or illness, please indicate additional authorized people who may be contacted if the parents are unavailable

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Include my child's information on a class list to be distributed to other parents for planning play dates, carpools, etc.  yes  no

Child's Date of Birth: \_\_\_\_\_ Age child will be on August 1<sup>st</sup>: \_\_\_\_\_

2-year-olds \_\_\_\_\_ Monday/Wednesday – 9:00 a.m. - noon \$162/month

2-year-olds \_\_\_\_\_ Tuesday/Thursday – 9:00 a.m. - noon \$162/month

3-year-olds \_\_\_\_\_ Tuesday/Thursday – 9:00 a.m. - noon \$157/month

3-year-olds \_\_\_\_\_ Tuesday/Thursday – 9:00 a.m. – 1:30 p.m. \$174/month

3-year-olds \_\_\_\_\_ Monday/Wednesday/Friday – 9:00 a.m. - noon \$174/month

4-year-olds \_\_\_\_\_ Tuesday/Thursday – 9:00 a.m. – 1:30 p.m. \$174/month

4-year-olds \_\_\_\_\_ Monday/Wednesday/Friday – 9:00 a.m. - noon \$174/month

Older 4s & 5s \_\_\_\_\_ Monday/Wednesday/Friday – 9:00 a.m. - noon \$174/month

**A \$50.00 per child non-refundable registration fee is due at the time of registration.**

Mother's (or guardian) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's (or guardian) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital status of parents:

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

Custody/visiting arrangements \_\_\_\_\_

Brothers and sisters of child:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other members of the household living with you (i.e., grandparents, foster children, live-in nanny):

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_

## CHILD'S SOCIAL HISTORY

Favorite activities \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FIRST AID CONSENT

In the event of an emergency, I authorize the staff of Creative Beginnings Christian Preschool to provide any first aid care deemed necessary for my child.

\_\_\_\_\_

Print Name

Relationship to Child

Signature

Date

### CHILD'S HEALTH HISTORY

Has your child been immunized? Yes \_\_\_\_ No \_\_\_\_ (Please note: A KY immunization certificate is required for enrollment.)

Does your child have any allergies: Yes \_\_\_\_ No \_\_\_\_

If yes, please list: \_\_\_\_\_

Are any of the allergies listed above life threatening? Yes \_\_\_\_ No \_\_\_\_

Please identify all life threatening allergies: \_\_\_\_\_

Does your child have any chronic or reoccurring health problems (i.e., asthma, epilepsy, seizures)? If so, please list:

\_\_\_\_\_

Has your child ever been evaluated for a developmental concern related to attention deficit, sensory integration, hearing, vision, or any other behavioral, emotional or physical issue? If so, please check yes \_\_\_\_ or no \_\_\_\_.

If yes, we will contact you to discuss the issue confidentially.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PHOTO/VIDEO RELEASE

Throughout the year there are many events that take place at Creative Beginnings where photographs or videos would be an excellent means of "capturing the moment". In order to use these, we need your permission.

Yes\_\_ No\_\_ I permit any photograph or video taken of my child to be used in displays outside of class, school publications or the school/church website. Children's names will not be listed in these instances.

Yes\_\_ No\_\_ I permit any photograph taken of my child to be submitted to be submitted to newspapers.

Yes\_\_ No\_\_ I permit photos of my child to be used in their classroom.

### FAMILY CHURCH HISTORY

Do you regularly attend church? Yes \_\_\_\_ No \_\_\_\_

Are you affiliated with any denomination (Methodist, Baptist, Catholic, etc.)? \_\_\_\_\_

Has your child attended Sunday School? Yes \_\_\_\_ No \_\_\_\_ Vacation Bible School? Yes \_\_\_\_ No \_\_\_\_

Are you interested in receiving information regarding Florence United Methodist Church? Yes \_\_\_\_ No \_\_\_\_

Enrollment shall be open to any child provided the school can meet the needs of that child. Creative Beginnings Christian Preschool does not discriminate on the basis of sex, race, color, national origin, age, religion or marital status in its educational activities, admission practices and policies, or its employment practices and policies except where exempted by federal law.