



First Presbyterian Community Preschool Registration Form

Child's Full Name: _____

Preferred Name / Nickname: _____

Date of Birth: _____

Age: _____

Gender: _____

Home Address: _____

Home Phone Number: _____

Parent / Guardian Information:

Parent / Guardian #1

Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

Parent / Guardian #2

Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

Emergency Contacts (Other than Parent/Guardian):

Contact #1

Name: _____

Relationship: _____ **Phone:** _____

Contact #2

Name: _____

Relationship: _____ **Phone:** _____

Authorized Pick-Up Persons:

Name: _____

Relationship: _____ **Phone:** _____

Name: _____

Relationship: _____ **Phone:** _____

Name: _____

Relationship: _____ **Phone:** _____

Medical Information:

Primary Physician : _____

Physician Phone Number: _____

Allergies (food, medication, environmental):

Medical Conditions / Special Needs / Medications Required at School:

☐ Yes ☐ No If yes, please explain:

Anything else we should know about your child:

Please initial each item:

☐ I give permission for my child to participate in all school and church-related activities (chapel). Initials: _____

☐ I give permission for emergency medical treatment if needed. Initials: _____

☐ I understand and agree to follow the policies and procedures, of the church preschool. Initials: _____

☐ I give permission for my child's photo to be used for classroom, church, or school purposes. Initials: _____

Parent / Guardian Signature:

I certify that the information provided above is accurate and complete.

Printed Name: _____

Signature: _____

Date: _____