



# BETHEL WEEKDAY PRESCHOOL

19920 BETHEL CHURCH RD., CORNELIUS, NC 28031 (704) 896-3103

## REGISTRATION FORM

Child's Name: \_\_\_\_\_ Gender male  female   
FIRST MIDDLE LAST

Child's date of birth \_\_\_\_\_

Parents Name \_\_\_\_\_ Preferred Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ E-Mail address \_\_\_\_\_  
 \_\_\_\_\_

*Bethel Weekday Preschool may list our address/phone # on a class-distributed roster ( ) Yes ( ) No*

Father's Place of Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

### OUR CLASSES FOR 2018 - 2019

- |                 |                          |                    |                          |
|-----------------|--------------------------|--------------------|--------------------------|
| 2's.....M/W     | <input type="checkbox"/> | 3's.....M-TH       | <input type="checkbox"/> |
| 2's.....T/TH    | <input type="checkbox"/> | 4's Pre-K.....M-TH | <input type="checkbox"/> |
| 3's .....M/W/TH | <input type="checkbox"/> | 4's Pre-K.....M-F  | <input type="checkbox"/> |

**Who is available, other than a parent, we can call in the case of an emergency?**

NAME	RELATIONSHIP	TELEPHONE #
_____	_____	_____

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe any health problems, allergies, eating habits, fears etc. your child's teacher should be aware of:

\_\_\_\_\_  
 \_\_\_\_\_

*If enrolled, I fully understand that the Christian faith and philosophy are the foundation of the Bethel Presbyterian Church Weekday Preschool and are incorporated into our daily curriculum.*

\_\_\_\_\_  
Authorized Signature Date

## CURRENT OR PAST ENROLLMENT

Do you have any children currently enrolled in Bethel Weekday Preschool \_\_\_ Yes \_\_\_ No

If yes, in what classroom are they currently enrolled? \_\_\_\_\_

Are you enrolling more than one child \_\_\_\_\_ For what age groups \_\_\_\_\_

In the past have you had a child enrolled in our program? If so, when \_\_\_\_\_

How did you hear about our preschool? \_\_\_\_\_

Did someone refer you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If someone referred you would you share with us who that person is?

\_\_\_\_\_

\_\_\_\_\_

## FOR ALL PARENTS

I understand that in order for this enrollment to be complete and for my child to be admitted on the first day of school, I must have the first month of tuition paid by June 1st.

Immunization Records (or letter of Religious or Medical Exemption), Physician Statement and \$85 Activity Fee are also due to the Director by August 1st.

**AUTHORIZED SIGNATURE**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY TREATMENT CONSENT

In the event of an illness or an accident which requires immediate medical attention at a time when a parent cannot be located, I give permission for Michelle Koslick, Director of the Bethel Presbyterian Church Weekday Preschool, or other Preschool personnel designated by the director, to authorize such treatment. I will not hold the Preschool personnel or medical personnel liable. This is done with the understanding that every effort will be made to contact the parents, the child's physician and other persons listed for emergency contact.

**AUTHORIZED SIGNATURE**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

## 3 AND 4-YEAR-OLD CLASS PARENTS

I understand that if enrolled, my child must be toilet trained by the first day of class. This includes not using Pull-Ups, and being able to take care of bathroom needs independently. Please refer to page 7 of the Parent Handbook for more information about this policy.

**AUTHORIZED SIGNATURE**

**DATE**

\_\_\_\_\_

\_\_\_\_\_