



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 2019 - 2020

- | | | | |
|-----------------|--------------------------|--------------------|--------------------------|
| 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'sM/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.

I also understand that the 5-Day Pre-K class can only be attended for one year and may not be repeated.

AUTHORIZED SIGNATURE

DATE
