

Any serious illness, operation or injury and age when such occurred:

Recent (major) adjustments/fears. Please describe in detail:

ALLERGIES Please describe in detail:

List two people who may be contacted in case of emergency if parent(s) cannot be reached. Include names and their relationships to your child:

_____ Phone _____

_____ Phone _____

Pediatrician/Phone # _____ Hospital Preference _____

**ALL CHILDREN MUST HAVE A CURRENT IMMUNIZATION CARD
ON FILE BY THE FIRST DAY OF PRESCHOOL. Form #3231**

REGISTRATION and SUPPLY FEES ARE NOT REFUNDABLE.

Your signature confirms registration and also authorizes the staff of First Christian Preschool to administer first aid to your child. In addition, you give permission for the school to seek medical help (and/or to arrange transportation) should the need arise.
It is understood that the school will attempt to contact you, as well as the emergency names listed on this registration form.

Students are expected to remain enrolled through May 2025.

***NINE (POST DATED) CHECKS FOR THE AMOUNT OF MONTHLY TUITION ARE DUE IN THE PRESCHOOL OFFICE NO LATER THAN FRIDAY, SEPTEMBER 6, 2024.
Please choose to date your checks either on the 1st or the 10th of each month.**

Please list the names of anyone authorized to pick up your child.
If you should make other arrangements, you MUST send a note or email the preschool!

Signature _____ Relationship _____ Date _____