

St. Mark Preschool Registration 2019/2020

Name _____ Birth Date: ___/___/___

Age as of Sept 1 _____ Is your child potty trained? Yes No
Days of Care - M T W R F Days of Enrichment - T W R (circle all that apply)

PARENT/GUARDIAN INFORMATION

Mother: _____ Phone: _____ or _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ Email: _____

Father: _____ Phone: _____ or _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer _____ Email: _____

Child Lives With _____

CHILD PICK-UP INFORMATION

Please list below the people who have permission to pick up your child. Anyone picking up your child must have picture ID.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

EMERGENCY CONTACTS

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

EMERGENCY INFORMATION

1. Child's Physician: _____ Phone: _____

2. Preferred Hospital: _____ Phone: _____

3. Insurance Company: _____ Policy #: _____

4. Regular Medications: _____

5. Any special health conditions:

Should my child become ill or suffer an accident in the care of St. Mark Preschool, and I cannot be reached I hereby authorize the Preschool to secure emergency medical attention for my child if it becomes necessary.

Sign _____ Date _____

Three and four year old class only- I hereby give St. Mark Preschool permission to transport my child to and from all field trips destinations.

Sign _____ Date _____

I understand that this program is not a licenced child care facility. I also understand that this program is not required to be licenced by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Sign _____ Date _____

How did you hear about us? _____

I received a copy of the Preschool Financial Policy. I have read and agree to everything outlined in the policy.

Sign _____ Date _____

Photos of my child may be posted on the Preschool's Facebook Page.

Sign _____ Date _____