

St. Mark Preschool

6795 Whitesville Road, Columbus GA 31904

706-327-3372

Fax 706-323-1803

REGISTRATION FORM 2011-2012

Child's Name \_\_\_\_\_ Sex M F  
Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ . Age as of Sept. 1<sup>st</sup> \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Program Days: 0 YR-1YR: Number of Days \_\_\_\_\_ Circle Days: T W R  
2 YR-3YR: 2-Day (M/F) \_\_\_\_\_ 3-Day (T/W/R) \_\_\_\_\_ 5-Day (M-F) \_\_\_\_\_  
Enrichment: Tuesday (Art and Computers) Wednesday (physical fitness and science)

Mother's Name \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_  
Father's Employer \_\_\_\_\_ Email \_\_\_\_\_

Child Lives With: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_  
Church Relationship \_\_\_\_\_

The child may be released only to those persons listed below (other than parents):

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Persons to contact in the event of an emergency when parents cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Child's Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Insured ID # \_\_\_\_\_ Group # \_\_\_\_\_

List any special health concerns, allergies, or other things we need to be aware of:

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

Should my child become ill or suffer an accident while 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. Signed \_\_\_\_\_ Date \_\_\_\_\_

I hereby give St. Mark Preschool permission to transport my child to and from any and all field trip destinations. Signed \_\_\_\_\_ Date \_\_\_\_\_

I have received the Preschool Financial Policy. I fully understand all issues pertaining to the financial policy. I agree to abide by the policy. I also agree to abide by the rules as stated in the Preschool Parent/Child Handbook.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_