TALBOT PARK PRESCHOOL

REGISTRATION FORM

(Please Print)

Today's date:

STUDENT INFORMATION

Child's last name: First: Middle:	Nickname:

Birth or due date: / /	Age:	Sex: ❑ M ❑ F	Birth Certificate Number:

Street address:	Apartment Number:	P.O. Box:

City:	State:	ZIP Code:

Childs's physician:	Physician phone: ( )

Does your child have any allergies or special medical conditions?

Name and age of other children in the home:

I prefer my child to attend:

❑ Preschool Only ❑ Preschool and Before Care ❑Preschool and After Care ❑ Full Time

❑ Monday - Friday ❑Monday, Wednesday and Friday ❑ Tuesday and Thursday

PARENT INFORMATION

Parent 1 last name: First: Middle:	Address (if different):

Home Phone: ( )	Cell Phone: ( )	Email:

Occupation:	Employer:	Work phone: ( )

Parent 2 last name: First: Middle:	Address (if different):

Home Phone: ( )	Cell Phone: ( )	Email:

Occupation:	Employer:	Work phone: ( )

Church Affiliation:	Current Member?

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to student:	Primary phone:	Secondary phone:
		( )	( )

(continued on back)

Name of local friend or relative (not living at same address):	Relationship to student:	Primary phone: ( )	Secondary phone: ( )
Name of local friend or relative (not living at same address):	Relationship to student:	Primary phone: ( )	Secondary phone: ( )
Persons authorized to pick up your child:			
How did you hear about us?			
❑ The above information is true to the best of my knowledge. I agree for my child to participate in the preschool program at Talbot Baptist Church. I understand that I am responsible for payments of tuition and art fees and that there are no refunds. ❑ I give my child permission to participate in class walks on the church grounds and nearby neighborhoods. ❑ I grant permission for my child to be taken to the nearest hospital if emergency medical attention is required and I will be responsible for any expenses incurred. ❑ I understand that tuition is due by the 15th of every month. ❑ I have read and agree to abide by the polices contained in the preschool handbook.			
Parent/Guardian signature		*Date*	

For Office Use Only

Class Placement: _____

Start Date: _____

First months balance: _____