

FCC PRESCHOOL REGISTRATION

2018-19

Heather Howard, Director
First Christian Church Preschool
108 East Walnut Street
North Vernon, IN 47265
346-3177 www.fccnv.net

Registration fee \$50 _____
Insurance card _____
Birth Certificate _____
Immunization Record _____
Image Release Form _____

MARK CLASS PREFERENCE BELOW:

Preschool Classes: must be 3 or 4 yrs. old before 8-1-18:

Mon & Wed AM 8:30 to 11:00 _____ \$85/month August—May

Tue & Thur AM 8:30 to 11:00 _____ \$85/month August—May

Pre-K Class: must be 4 yrs. old before 8-1-18:

Mon-Fri AM 8:30 to 11:00 _____ \$125/month August—May

Child's Full Name _____ Male/Female _____

Name to be used at school _____ Birthdate m/d/yr _____

Address _____ City _____ Zip _____

Child's Home Phone _____ Parent Cell: _____

Parent(s)/Guardian(s) Full Name _____

Who does child live with? (if other than both parents) _____

Father's Employer _____ Phone _____

Mother's Employer _____ Phone _____

Siblings (list name & age)

Others who live in the home

Who will be transporting your child to and from school? _____

Please list others to call in the event that this person does not arrive at dismissal time

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Is there anyone who is forbidden to visit or pick up your child? Please list

In Case of Illness or Emergency...

We will always try to first call the parents. In case we cannot reach the parents, we need the names and phone numbers of two different adults who can give us permission to handle any emergency.

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

To the best of your knowledge, is your child allergic to anything, such as bee stings, penicillin, nuts, etc.? Yes/No If yes, what?

Is your child presently taking medication? Yes/No If yes, what? _____
Reason for medication? _____

In case of serious illness or injury, and the parent/guardian cannot be reached, permission is given to the church/school or Rescue 20/EMT to transport the above named child to a qualified medical doctor/hospital for emergency treatment.

Insurance Company _____ Group # _____

Person Responsible _____ Copy of insurance card requested

Signature, Parent/Guardian _____

*Is there anything you need to make us aware of concerning your child's personality, health, or living situation that may affect his/her adjustment and/or performance at school?

Do you have a home church? Yes/No if yes, where? _____

Will your child be going to Kindergarten next year? Yes / No

If Yes, which Elementary School will they be attending? _____

Payment Agreement

There is a registration fee of \$50 required to secure their enrollment. It is non-refundable.

Tuition is due at the first of each month, August—May.

The person signing below is responsible for payment of tuition.

There will be a returned check fee of \$20 for any returned check. If a check is returned, tuition and the check fee must be paid in cash.

By signing below, you are in agreement with the tuition terms.

Date _____ Signature _____

First Christian Church Preschool Image Release Form

FROM TIME TO TIME FIRST CHRISTIAN CHURCH PRESCHOOL WILL TAKE PICTURES OF THE STUDENTS. THESE PICTURES MAY BE USED IN OUR PRESCHOOL NEWSLETTER, THE CHURCH NEWSLETTER, THE CHURCH WEBSITE, SOCIAL MEDIA, PRESCHOOL FLYERS, THE LOCAL PAPER, ETC.

WE ALSO LIKE TO DISPLAY THE STUDENT'S WORK ON OUR WINDOWS AND IN OUR HALLWAYS. WE SOMETIMES USE THE STUDENT'S WORK TO DECORATE AT OUR CHRISTMAS AND END-OF-YEAR PROGRAMS.

By signing below, I give my permission for First Christian Preschool to use pictures of my child in the manner described above and in any manner to promote the growth at the preschool. I also give my permission to display his/her work at the preschool.

CHILD'S NAME: _____

DATE: _____ SIGNATURE: _____