

# Faith Christian Preschool Registration Form

Check all that apply:

- New Student  Current preschool student  
 Sibling of former student  Faith CRC member  
 You will have more than one student registered during the school year

Please check the class your child will be entering

- Lambs Class Tuesday & Thursday 8:30a.m. – 11:30a.m.  
(must be 3 years old and potty trained by September 1)  
 Lions Class Monday, Wednesday, Friday 8:30a.m. – 11:30a.m.  
(must be 4 years old and potty trained by September 1)

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_  
Marital Status \_\_\_\_\_ Marital Status \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Are you currently affiliated with a church? \_\_\_\_\_ Are you a member? \_\_\_\_\_

Church name \_\_\_\_\_

How did you hear about Faith Christian Preschool? \_\_\_\_\_

Your child's position will be held once we receive the completed registration packet and the registration, supply, and field trip fee. We must have a copy of the birth certificate and medical records by August 17. Your child will not be able to start school until we receive these records.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only: Date registration form and payment received \_\_\_\_\_

Faith Christian Preschool  
Tuition Options & Schedule for 2010/2011

Please call the preschool office at (708) 429-3041 or email us at [FaihtPreschool4Him@Yahoo.com](mailto:FaihtPreschool4Him@Yahoo.com) for current tuition and registration fee.

Faith Christian Preschool  
Registration Form  
Emergency Contacts

Name of Child \_\_\_\_\_

Please give three names of people to be contacted in an emergency if the parent cannot be reached.

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Faith Christian Preschool  
Consent Form for Emergency Medical Care**

Name of Child \_\_\_\_\_

I/We understand that in some medical situations the staff may need to contact the local emergency unit before the parent, child's physician and/or another adult acting on the parent's behalf. If the emergency unit deems it necessary I/we understand that my/our child will be transported to the nearest hospital, and I/we will be responsible for the transportation and all medical charges that might occur.

Should a minor accident occur which would require first aid such as cleansing of a minor wound, applying a bandage, or applying a cold pack to bumps or bruises, treatment may be given by Faith Preschool Staff.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Phone #

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Group #

Faith Christian Preschool  
Consent form for Administration of Medicines

**Administer Patent Medication**

Name of Child \_\_\_\_\_

I/We authorize Faith Christian Preschool to administer patent medicine to my/our child, as specified in the instructions below.

<u>Yes</u>	<u>No</u>	<u>Name of Medicine</u>	<u>Medicine is treating</u>
_____	_____	Children's Tylenol/generic	pain
_____	_____	Children's Benadryl/generic	Allergic reaction
_____	_____	Neosporin/generic	cut or scrape

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child

## Faith Christian Preschool School Activities Participation Consent Form

Please initial each statement you agree with and sign below.

\_\_\_\_\_ I/We understand that field trips are part of the curriculum and that these field trips require parental transportation, accompaniment, and supervision.

\_\_\_\_\_ I/We give my/our consent for my/our child to be included in pictures connected with the school.

\_\_\_\_\_ I/We give my/our consent for my/our child's picture to be posted on the **WEB site** as part of a group picture where no names are given.

\_\_\_\_\_ I/We give my/our consent for my/our child's name, address and phone number to be put on a class list that will be sent home to classmates.

\_\_\_\_\_ I/We give my/our consent for my/our child to receive basic religious teaching in the form of Bible stories, songs, and prayers as long as such teaching is not doctrinally slanted. I/We understand that these Bible stories and songs may relate to the life and teachings of Jesus Christ.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Relationship to Child

## Faith Christian Preschool Student Information

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Name(s) of sibling(s) and their age(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please help us to better understand your child by supplying the following information:

1. What name does your child prefer to be called?
2. Does your child have any allergies? Please specify.
3. Does your child take any medication on a regular basis? If yes, please explain.
4. Does your child have any specific fears such as fire, water or loud noises? Please explain.
5. Does your child have a hand preference?
6. Is there anything you feel we should know about your child?