

Registration # \_\_\_\_\_

## 2017-2018 Preschool Registration Form

Child's Name: \_\_\_\_\_  
(Last) (First) (Middle initial)

Full Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (ZIP)

(Please Check) I authorize my E-mail address to be used for newsletters and teacher communication purposes. E-mail address: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Age as of Sept. 1, 2017: \_\_\_\_\_

Primary Home Language: (Check One) Sex: (Check One)  Male  Female  
 English  Spanish  Creole  Haitian-Creole  Other: \_\_\_\_\_

Race: (Check One)  
 White, Non-Hispanic  Black, Non-Hispanic  Hispanic  Asian/Pacific Islander  
 American Indian/Alaskan Native  Multi-racial

How did you hear about us? (Check One)  
 Worship Guide  Print Ad/Newspaper  Brochure  Email/E-Update  Website  
 Outdoor Banner  Word of Mouth  Other

Parent(s)' name(s): \_\_\_\_\_

### Preschool Program

(9:00 a.m. to 12:00 p.m.)

Indicate first preference ("1") and second preference ("2")

2 Days (Tuesday/Thursday) \_\_\_\_\_

3 Days (Monday/Wednesday/Friday) \_\_\_\_\_

(All three-year olds must be potty trained by August, 2017)

Are you enrolling another child? No  Yes  Age: \_\_\_\_\_

Are you a member of St. Luke's United Methodist Church? \_\_\_\_\_

**Non-Refundable Registration fee of \$120<sup>00</sup> (payable to "St. Luke's CDC") must accompany this registration form. Written notice is required two weeks prior to withdrawing from our program.** No fee required to be placed on a Wait list.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

For St. Luke's Use Only: Date registration received: \_\_\_\_\_ Registration received by: \_\_\_\_\_  
Amount Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_

# Emergency Information

Father's place of employment: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Under no circumstances will your child be released to anyone not known to the Center without authorization from the parent(s) or guardian. Authorized release forms are available in the CDC office.

Persons authorized to pick up your child: \_\_\_\_\_

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

Persons to be contacted in case of emergency:

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Hospital Preference: \_\_\_\_\_

My child has permission to eat store-bought snacks for special occasions. (Check One)  Yes  No

Any special medical or emotional problems or allergies: \_\_\_\_\_

\_\_\_\_\_

Please list your child's siblings and ages: \_\_\_\_\_

\_\_\_\_\_