

COVENANT UNITED METHODIST PRESCHOOL & PARENTS DAY OUT



2017 - 2018 REGISTRATION FORM

ALL FEES ARE NON-REFUNDABLE

CHECK APPROPRIATE DAY & CLASS

Registration Fee \$55.00 1 child / \$80.00 family

MON/WED OR TUES/TH

Checks payable to: Covenant Preschool/PDO

BABY ROOM 1s 2s 3s 4s

WEDNESDAY ONLY

BABY ROOM 1s 2s

CHILD'S NAME

(Last) (First) (Middle)

NAME child wants to be called (this name will go on the roster):

HOME ADDRESS CITY ZIP

DATE OF BIRTH MALE FEMALE

PHONE #s HOME CELL (Mom) CELL (Dad)

Which number above should be on class roster?

E-mail address (please print carefully)

SIBLINGS IN PROGRAM:

PARENT'S / GUARDIAN'S NAMES: FATHER

Married Divorced

MOTHER

If divorced, who has custody? Joint Mom Dad Any Restrictions?

FATHER'S PLACE OF EMPLOYMENT: PHONE:

OCCUPATION:

MOTHER'S PLACE OF EMPLOYMENT: PHONE:

OCCUPATION:

DOCTOR'S NAME: PHONE:

HOSPITAL PREFERENCE:

DOES YOUR CHILD HAVE ANY ALLERGIES? YES NO SPECIFY

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? YES NO SPECIFY

PLEASE LIST ANY MEDICATIONS YOUR CHILD IS TAKING.

EMERGENCY CONTACTS

1. PHONE:

2. PHONE:

3. PHONE:

I AUTHORIZE EMERGENCY TREATMENT FOR MY CHILD / CHILDREN.

Parent / Guardian Signature Date

PLEASE TURN OVER & SIGN BACK PAGE

OFFICE USE ONLY: Total Amt. Pd. Ck# Cash Date Paid

Reg. Fee Act. Fee Tuition Bag Rug Dish

Please read the following statements and sign where highlighted.

“This facility is not required to be licensed by the state as a child care agency.”

I have read the above statement and have been advised that Covenant
Preschool / PDO is not licensed as a child care agency.

Parent / Guardian Signature _____

Date: _____

**“I have completed this form for enrollment. I understand that the
Preschool/PDO” reserves the right to dismiss any enrolled child
whose presence in the program is considered detrimental either to
the child’s or the Preschool/PDO’s best interest.**

Parent / Guardian Signature _____

Date: _____