

Sandy Christian Preschool

Class Requested:

Ladybugs-AM _____ Busy Bees-AM _____
Ladybugs-PM _____ Busy Bees-PM _____

Child's Name _____ Name child will learn to write _____

Date of birth: _____ Age on September 1st of this year: _____

Parents/Guardians: _____ Home Phone: (503) _____

Mothers work phone: (503) _____ cell phone: (503) _____

Father's work phone: (503) _____ cell phone: (503) _____

Home Address: _____

Mailing address if different: _____
Street City Zip

Brothers/Sisters? (Names & ages) _____

Is your child potty trained? _____ (Example: aware of and able to communicate needs, able to use restroom without help except for occasional assistance with buttons, etc.)

Are your child's immunizations up to date for his or her age? _____

Does your child have food or other allergies or medical conditions that we should be aware of? _____

Do you have any additional comments or concerns regarding your child? _____

In case of emergency or illness, or to pick up a child who has not been picked up, please list name and phone number (including parents, sitters, friends, grandparents) **in the order you wish us to call:**

	NAME	PHONE	RELATIONSHIP TO CHILD
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Would you be willing to add your number to a phone list for parents to call for playgroups, carpooling, day-care share, or other information? _____ Do you or someone you know provide childcare? _____

A \$40.00 fee is required to register your child. Classes fill on a first come, first serve basis.

MEDICAL RELEASE FORM

Name _____ Date of birth _____

Address _____ Phone _____

Doctor name and phone _____

Medical insurance information: Company _____

ID # _____ Policy # _____

IN THE EVENT OF EMERGENCIES, EVERY ATTEMPT WILL BE MADE TO CONTACT PARENTS. IN THE EVENT YOU CANNOT BE REACHED WE WILL CONTACT THE PERSONS YOU HAVE LISTED ON THE PREVIOUS FORM, IN ORDER.

AS PARENT/GUARDIAN OF _____, I HEREBY AUTHORIZE AND REQUEST: IN THE EVENT OF ILLNESS OR INJURY WHILE IN THE CARE OF SANDY CHRISTIAN PRESCHOOL OR SANDY ASSEMBLY OF GOD STAFF, PERMISSION IS GRANTED TO ADMINISTER FIRST AID AS NEEDED. I HEREBY AUTHORIZE AND REQUEST HOSPITAL/EMERGENCY STAFF TO ADMINISTER TREATMENTS OR PROCEDURES WHICH MAY BE NECESSARY.

SIGNATURE PARENT/GUARDIAN

DATE _____

POLICY BOOK AFFIRMATION

I, the undersigned have read the entire policy book and agree to abide by it's contents.

_____ Date _____
Parent/guardian

_____ Date _____
Parent/guardian