

Children's Christian Playschool

2334 Scalesville Road Summerfield, NC 27358

(336) 643-8120 sumcplayschool@gmail.com sumcplayschool.com

2018/19 Registration Form

Child's Information:

Child's Name: _____ Preferred Name _____

Address: _____

Date of Birth: _____ () Male () Female Age: _____

Please indicate class choice:

____ Toddlers (age 10 mos by Aug. 31, 2018): T/TH ____ \$170/mo M,W,F ____ \$225/mo 5 days ____ \$315/mo

____ Twos (age 2 by August 31, 2018): T/TH ____ \$170/mo M,W,F ____ \$225/mo 5 days ____ \$315/mo

____ Threes (age 3 by August 31, 2018): M,W,F ____ \$225/mo 5 days ____ \$315/mo

____ Fours Pre-K (age 4 by August 31, 2018): 4 days (M-TH) ____ \$270/mo 5 days ____ \$325/mo

Family Information:

Father's Name: _____ Home Phone: _____

Email address: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Siblings: _____

Emergency Information:

Does your child have any allergies? () Yes () No

If yes, Please describe the allergy and reaction _____

Child's Doctor: _____ Address _____ Phone _____

In case of emergency, I prefer my child taken to this hospital _____

Initial

_____ **First Aid:** In the event of an emergency, I authorize the staff of CCP to provide any first aid care deemed necessary for my child.

_____ **Emergency Care:** In the event of an emergency, in which I cannot be reached, the physician stated above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

_____ **Permission for Activities:** I hereby give permission for my child to participate in organized activities under the supervision of CCP staff outside the fenced area (this includes bye-bye buggy rides for infants through two year olds.)

_____ **Pictures:** I hereby give permission for my child to have their picture taken at CCP for school and the school website/Facebook.

_____ **Parental Commitment:** I have received and read the Parent's handbook and I will support the policies of CCP.

Additional Information: Please give any information concerning your child which will be helpful in his/her experience in group care (such as: play, eating, sleep habits, special fears, and likes and dislikes.)

Pick-up and Other Authorization:

_____ will be picking up my child every day. (Car sign must be shown)

Provide the information for each person who has permission to pick up your child. (We will require identification at time of pick up)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If neither mother nor father (or guardian) can be contacted, call:

Name _____ Relationship _____ Phone: _____

All the above information is true and accurate to the best of my knowledge.

Parent _____ Date _____