



321 Oakview Rd. • High Point, NC  
 (336) 841-4018  
 www.oakviewumcpreschool.com

# Summer Registration

## June 14<sup>th</sup> – July 21<sup>st</sup> 2011

### NON-REFUNDABLE FEES

Summer Registration  
 \$30 Registration Fee  
 \$45 Family Registration Fee

<u>OFFICE INFO ONLY</u>	
DATE _____	Check/Cash Amt _____
DATE _____	Check/Cash Amt _____
QB ___ REG ___ INV ___	Email _____
ALLERGIES _____	
PHOTO RESTRICTIONS _____	
SHOTS _____	HB ACCEPT _____
TEACHER: _____	
NOTES: _____	

### Child's Personal Data

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

Address: \_\_\_\_\_  
Street or P.O. Box City Zip

Home Phone: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Yr. Male Female

Mom's/Guardian's Name: _____
Mom's Cell Phone: _____
Mom's Workplace: _____
Work Phone: _____
Email Address: _____
<small>**Email is used as a method of contact for reminders &amp; announcements</small>

Dad's/Guardian's Name: _____
Dad's Cell Phone: _____
Dad's Workplace: _____
Work Phone: _____
Email Address: _____
<small>**Email is used as a method of contact for reminders &amp; announcements</small>

Referred by: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

#### Transportation provided for child:

Person (s) responsible for pickup & delivery of your child. Anyone not listed will not be permitted to pick up your child.

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#### In Case of an Emergency:

In case of an emergency when parents/ guardian cannot be reached, please notify:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Important Information:

Allergies: \_\_\_\_\_

Health issues or special needs: \_\_\_\_\_

Photo Use Permission:

The preschool will use pictures of your child throughout the year for class projects and crafts. From time to time the preschool would like to use photographs in newsletters, news releases to local media and photos on our website. We will not identify any child by name on our website. If you do not feel comfortable with this, please check the appropriate box.

I give permission for Oakview UMC Preschool to use pictures of my child in promotional materials, news releases in the local paper, or on our website.

I do NOT give permission for Oakview UMC Preschool to use pictures of my child in newsletters, promotional materials, news releases in the local paper, or on our website.

Health Records:

Please provide a copy of your child’s immunization records for our files. If your child is exempt from immunizations, please see office for appropriate forms.

Field Trip Permission:

This permission is to allow your child to attend ALL field trips for the 2011-2012 school year and to be transported in vehicles owned and operated by teachers, Oakview UM Church, and volunteer parents. You also agree to not hold any driver responsible if a vehicle accident occurs. Oakview UMC Preschool carries “Liability Insurance” to cover accidents. Parents are always welcomed and encouraged to come with us and drive your child on any of our field trips.

Parent/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Oakview UMC Preschool requires that each child who participates in a field trip must have a Oakview t-shirt for identification purposes. Please check the appropriate box.

My child already has an Oakview UMC Preschool t-shirt

My child needs an Oakview UMC Preschool t-shirt.

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In case of an accident or illness requiring medical attention, the undersigned authorize Oakview UMC Preschool to call a health care provider to take my child, \_\_\_\_\_ to the nearest hospital or doctor.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preference: \_\_\_\_\_ Phone: \_\_\_\_\_

It is understood that if possible, these services will be obtained. If parents or preferred healthcare provider cannot be contacted, the preschool is authorized to contact another health care provider. It is also understood that this agreement covers only those situations which, in the best judgment of the preschool, are true emergencies. I agree to be responsible for the cost of such emergency medical care.

Parent/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Typing your name on an electronic copy serves as a signature**