



www.oakviewumcpreschool.com

# Registration Form

## 2012-2013

### Transitional Kindergarten

#### NON-REFUNDABLE FEES

TK Registration  
\$85 Registration Fee

#### Child's Personal Data

#### **PARENTS PLEASE CHECK**

- 3 Day Program
- 5 Day Program
- Other \_\_\_\_\_

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: \_\_\_\_\_

Can you receive text messages? Yes \_\_\_\_ No \_\_\_\_

Mobile phone Carrier: \_\_\_\_\_

\*\*Email & text messaging are used as a method of contact for reminders & announcements\*\*

Dad's/Guardian's Name: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_

Dad's Workplace: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Can you receive text messages? Yes \_\_\_\_ No \_\_\_\_

Mobile phone Carrier: \_\_\_\_\_

\*\*Email & text messaging are used as a method of contact for reminders & announcements\*\*

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: \_\_\_\_\_
3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#### OFFICE INFO ONLY

QB \_\_\_\_ REG \_\_\_\_ INV \_\_\_\_ Email \_\_\_\_

ALLERGIES \_\_\_\_\_

PHOTO RESTRICTIONS \_\_\_\_\_

SHOTS \_\_\_\_\_ HB ACCPT \_\_\_\_\_

TEACHER: \_\_\_\_\_

NOTES: \_\_\_\_\_

**REG:** Paid: \_\_\_\_ Cash/Ck: \_\_\_\_ AMT \_\_\_\_

Account notes: \_\_\_\_\_

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.

**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 \_\_\_\_\_