



**2018-2019 CROWN CHRISTIAN PRESCHOOL
ENROLLMENT AND EMERGENCY MEDICAL FORM**

Mondays, Wednesdays and Fridays: \$120 per month or Choice of two days \$85 per month

M W F
(please circle choice of two days)

We are currently offering a three half day program for the next school year, however we will consider offering extended daycare until 3:00pm or 5:00pm(afterschool care), if there is enough interest for this. Please check this box if you would be interested in a full day program.

Yes, I am interested in full days (M, W, F).

Child's Name _____ Gender M F

Preferred Name _____ Birth Date _____

Address _____ Zip code _____

Home Phone _____ Email Address _____

Father's Name _____ Cell Phone _____

Father's Place of Employment _____ Work Phone _____

Mother's Name _____ Cell Phone _____

Mother's Place of Employment _____ Work Phone _____

Child Lives with _____ Both Parents _____ Father _____ Mother _____ Others

If divorced, who has legal custody of child: _____ Father _____ Mother _____ Joint

Please be sure the Preschool teacher has copies of court documents regarding custody issues, if applicable.

Child's Physician or Clinic _____ Address _____ Phone _____

Allergies or other medical needs _____

Child's Dentist _____ Address _____ Phone _____

Special Needs Information _____

Church Family Attends _____

Child Attends _____ Worship _____ Sunday School _____ Both _____ Baptism Date

(please see other side)

Names and Ages of Siblings _____

List two (2) people who will assume medical responsibility for your child if you cannot be reached.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

The following people are authorized to pick up my child:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

The following people are NOT authorized to pick up my child:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

I hereby give Crown Christian Preschool staff permission to act in an emergency situation when I cannot be reached, or am delayed in arriving. I understand that Paramedics, Zimmerman Clinic, or Princeton Hospital are the source of emergency care. I further understand that any costs incurred are my financial responsibility.

Signature _____ Date _____

School District _____

Has Child had Early Childhood Screening? Circle: Yes or No

Do you give Crown Christian School permission to use your child's photograph in any publications, newsletters, Marketing Tools, Website, or other related school material? Circle: Yes No

Do you oppose to the use of hand sanitizer on your child? Circle: Yes No

The registration fee of \$50.00 per student or \$80 per family is due now, upon registration. Please make checks payable to Crown Christian School.

INTAKE INTERVIEWS

Parent or Guardian Signature

Preschool teacher

Date

For Office Use

Registration Paid _____ Check No. _____ Date _____

Forms received: Immunization Form Health Care Summary