

COVENANT UNITED METHODIST PRESCHOOL & PARENTS DAY OUT



REGISTRATION FORM for August 2015 through May 2016

ALL FEES ARE NON-REFUNDABLE

Registration Fee \$55.00 1 child / \$80.00 family

CHECK APPROPRIATE DAY & CLASS

Checks payable to: Covenant Preschool/PDO

MON/WED _____ OR TUES/TH _____

BABY ROOM _____ 1s _____ 2s _____ 3s _____ 4s _____

CHILD'S NAME _____
(Last) (First) (Middle)

NAME child wants to be called (this name will go on the roster): _____

HOME ADDRESS _____ **CITY** _____ **ZIP** _____

DATE OF BIRTH _____ **MALE** _____ **FEMALE** _____

PHONE #s HOME _____ **CELL (Mom)** _____ **CELL (Dad)** _____
Which number above should be on class roster? _____

E-mail address (please print carefully) _____

SIBLINGS IN PROGRAM: _____

PARENT'S / GUARDIAN'S NAMES: **FATHER** _____

Married Divorced

MOTHER _____

If divorced, who has custody? Joint _____ Mom _____ Dad _____ Any Restrictions? _____

FATHER'S PLACE OF EMPLOYMENT: _____ **PHONE:** _____

OCCUPATION: _____

MOTHER'S PLACE OF EMPLOYMENT: _____ **PHONE:** _____

OCCUPATION: _____

DOCTOR'S NAME: _____ **PHONE:** _____

HOSPITAL PREFERENCE: _____

DOES YOUR CHILD HAVE ANY ALLERGIES? YES **NO** **SPECIFY** _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? YES **NO** **SPECIFY** _____

PLEASE LIST ANY MEDICATIONS YOUR CHILD IS TAKING.

EMERGENCY CONTACTS

1. _____ **PHONE:** _____

2. _____ **PHONE:** _____

3. _____ **PHONE:** _____

I AUTHORIZE EMERGENCY TREATMENT FOR MY CHILD / CHILDREN.

Parent / Guardian Signature _____ **Date** _____

PLEASE TURN OVER & SIGN BACK PAGE ➡

OFFICE USE ONLY: Total Amt. Pd. _____ Ck# _____ Cash _____ Date Paid _____

Reg. Fee _____ Act. Fee _____ Tuition _____ Bag _____ Rug _____ Dish _____

Please read the following statements and sign where highlighted.

“This facility is not required to be licensed by the state as a child care agency.”

I have read the above statement and have been advised that Covenant
Preschool / PDO is not licensed as a child care agency.

Parent / Guardian Signature _____

Date: _____

**“I have completed this form for enrollment. I understand that the
Preschool/PDO” reserves the right to dismiss any enrolled child
whose presence in the program is considered detrimental either to
the child’s or the Preschool/PDO’s best interest.**

Parent / Guardian Signature _____

Date: _____