

REGISTRATION FORM FOR SUMMER CAMP

# SOAPSTONE PRESCHOOL

www.soapstoneumc.org/preschool

919-870-7727

12837 Norwood Road – Raleigh, NC 27613

Helen Hinton, Director – hhinton@soapstoneumc.org



Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
(Last) (First, Middle)

Child's Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code) (Subdivision)

Soapstone UMC church member? Yes ☐ No ☐ Date of Birth \_\_\_\_\_ Male ☐ Female ☐

	Mother	Father
Name		
Home phone		
E-mail		
Address		
Mobile phone		
Employer		
Work Phone		

Siblings (names & date of birth) \_\_\_\_\_

Other adults living in the household: \_\_\_\_\_

Permission to Pick-Up:		
List those persons that have permission to pick your child up from preschool (other than the child's parents).		
Name	Relationship to child	Daytime phone

Alternate Emergency Contact Information:		
List at least 2 persons (not from the same family) that can be contacted if you cannot be reached.		
Name	Relationship to child	Daytime phone

Please help us plan for your child's well-being by listing any special needs below (i.e. visual, emotional, physical, developmental, etc.)

List your child's allergies (i.e. food, medicine, etc.)

Has your child had prior preschool experience? Y ☐ N ☐ Involved in a playgroup? Y ☐ N ☐ Church/Sunday School? Y ☐ N ☐

Please list any other information about your child that might help us to make preschool a positive experience for him/her (such as play, eating and sleeping habits, fears, anxieties, special likes or dislikes)

Are your child's immunizations up-to-date? Yes <input type="checkbox"/> No <input type="checkbox"/>	Religious exemptions are not accepted at Soapstone Preschool.
Children new to the Program must include their immunization records with this registration form.	

Child's Name \_\_\_\_\_

**Authorizations**

Date of Birth \_\_\_\_\_

**Emergency Care**

I agree that the Director or alternate employee of Soapstone Preschool may authorize the physician or dentist of his/her choice to provide emergency care for my child in the event that neither I nor the family physician can be contacted immediately.

I, \_\_\_\_\_, a Notary Public of \_\_\_\_\_ County, North Carolina,

Certify that \_\_\_\_\_ (parent's name), personally appeared before me this day

and signed the foregoing instrument. Witness my hand and notarial seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**(Place seal here)**\_\_\_\_\_  
Notarized signature of parent or guardian\_\_\_\_\_  
Date\_\_\_\_\_  
Notary Public Signature\_\_\_\_\_  
My commission expires**Photographs**

I give my permission to use photographs of my child on the lobby television and in the church newsletter.

Yes ☐ No ☐

I give my permission to use photographs of my child on the church/preschool website (names not used).

Yes ☐ No ☐

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information**

Doctor's Name/Practice \_\_\_\_\_

Phone \_\_\_\_\_

Dentist's Name/Practice \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Holder \_\_\_\_\_

Policy # \_\_\_\_\_

**Registration Fee Policy**

If a child is withdrawn from preschool for any reason, a thirty day written notice is required. Fifty (50%) percent of the registration fee is refunded only if the child's family moves 25 miles or more from Soapstone Preschool before August 1, 2015. Proof of relocation (such as a utility bill with the parent's name) must be submitted by August 1, 2015 to receive 50% refund of the registration fee. There will be no refund of registration fees for withdrawals after August 1, 2015 or for children who remain within 25 miles of Soapstone Preschool.

Summer Camp Fees: \_\_\_\_\_ 1st Week \$110 (June 1 -4) \_\_\_\_\_ 2nd Week \$110 (June 8 -11) \_\_\_\_\_ Both camps \$215

I certify that all of the information submitted is true, correct, and complete and I understand and accept the terms of the Registration Fee Policy.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date