

# FAMILY REGISTRATION FORM

## Parent/Guardian Information 2021-2022

Registration Date: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents)

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

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_ ( ) Check to allow bulk CCP email notifications

If not you may provide a grandparent/caregiver email address to receive email notifications

Email \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

### PLEASE CIRCLE THE PROGRAM DESIRED

| Program desired | 2 day    | 3 day   | 5 day   |
|-----------------|----------|---------|---------|
| 4-year old      | N/A      | N/A     | Mon-Fri |
| 3-year old      | Mon-Tues | Wed-Fri |         |
| 2-year old      | Mon-Tues | Wed-Fri |         |
| 1-year old      | Mon-Tues | Wed-Fri |         |

### Child Information

First Name: \_\_\_\_\_ M.I. \_\_\_ Last Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Age \_\_\_\_ Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication or special care your child may require?

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

A physician's individualized care plan is required before the beginning school for children with special health care needs or food allergies requiring medications

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Emergency Contacts & Authorized Pickup Persons (other than custodial parents).

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**4th Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**Additional Comments & Information:**

Is there is any other information that that would be helpful for us to know about your child or your beliefs?

\_\_\_\_\_  
\_\_\_\_\_

Has your child been identified with a delay, developmental disability or special need? \_\_\_\_\_

If so please explain \_\_\_\_\_

Religious Affiliation/ Belief \_\_\_\_\_ Current Church Membership \_\_\_\_\_

Previous Preschool experience: [ ] Yes [ ] No If yes, where? \_\_\_\_\_

How did you learn about Covenant Community Preschool? \_\_\_\_\_

**Liability Release**

I understand that my child’s participation in the preschool program carries a measure of risk.

By signing below, I assume all responsibility of harm, illness or injury, which might occur to my child due to his/her/my participation in the program. I release the Covenant Community School, INC and Christ Church, 3415 Union Rd, Gastonia, NC 28056 from all liability, costs and damages, which might arise from participation in the program.

I agree that the minor has my consent to participate in the preschool program. I further provide my consent for Covenant Community School, INC to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

If the parent/ legal guardian is unable to be reached in an emergency, the school has our permission to obtain medical attention for the child by the Hospital Emergency Room. If ER is deemed necessary, Gaston Emergency Medical Services will transport child.

**A copy of current insurance card is required for each enrolled child.**

Name of Primary Insurance Policy and Policy number \_\_\_\_\_

Payer’s Name (person responsible for payments) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Initial to give permission:

\_\_\_\_ I give permission to have my phone number and address printed in my child's class directory

**Each family must confirm to each of the below by initialing each:**

\_\_\_\_ I agree to read and comply with the policies stated in the CCP Family Handbook

\_\_\_\_ I agree to apply diaper cream, sunscreen, mosquito spray/lotion on my child before arrival to CCP, if I desire the application of these products on my child

\_\_\_\_ I agree to update the CCP office as quickly as possible when my contact information changes (cell phone, home phone, email address, mailing address)

\_\_\_\_ I agree that my child's allergies and special needs can be posted in the classroom and snack areas

\_\_\_\_ I agree to send my child to school wearing tennis shoes, closed toe, closed heel, rubber soled with no holes decorative or otherwise for sand or mulch to enter shoes

\_\_\_\_ I agree that when sending food to school that it is factory sealed with the food fact label attached or whole uncut fruits and vegetables

\_\_\_\_ I agree to park and ensure my child's caregiver park in lined parking spaces and follow parking lot directional arrows for safety.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_