

FAMILY REGISTRATION FORM

Parent/Guardian Information 2019-2020

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____ Cell Phone Carrier: _____

Occupation: _____ Employed By: _____ Work Hours: _____

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: _____ Work Hours: _____

Office Phone: () _____

Custodial Parent (If married, mark both parents)

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

PLEASE CIRCLE THE PROGRAM DESIRED

Program desired	1 day	2 day	3 day	5 day
4-5 year olds	N/A	N/A	N/A	Mon-Fri
3-4 year olds	N/A	Mon-Tues	Wed-Fri	
2-3 year olds	N/A	Mon-Tues	Wed-Fri	
1-2 year olds	1 day	2 days	3 days	Day/days preferred?

Child Information

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Class: _____

Child's Address: _____

Gender: Male Female Age ____ Date of Birth: _____

List any existing medical conditions, medication and/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, food allergies or special nutrition needs.

Pediatrician's Name: _____ Phone: () _____

Address: _____

Emergency Contacts & Authorized Pickup Persons:

1st 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 diagnosed with a delay, developmental disability or special need? _____

If so please identify. _____

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 any possibility of harm 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 the 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 _____

Parent’s Signature: _____ Date: _____

Child Information

Child's First Name: _____ M.I. _____ Last Name: _____

Class Registered: _____ (toddler, 2/3 MT, 2/3 WTF, 3/4 MT, 3/4 WTF, or Pre-K)

Tuition / Payment Information:

The non-refundable registration fee, \$80.00 is due with the registration form.

Annual Tuition is prorated into 9 equal monthly payments. Families may also pay annually or quarterly.

A non-refundable, advance last month tuition payment is due at registration (or no later than May 1, 2019 with early enrollment.)

The eight remaining tuition payments are due the first day of the month, September through April.

Current Tuition Amount: \$ _____ Will be paid: [] Monthly [] Other _____

Please state the adult's name and contact information that is responsible for payment of tuition and fees.

List the names of people who are responsible and the arrangements made to pay tuition payments: such as parents who split tuition payments, grandparents, or another adult, other than the parents listed above pay tuition.

This information helps us to know who to contact concerning tuition payments.

Payer's Name _____

Telephone: () _____ Email Address: _____

Payer's Name _____

Telephone: () _____ Email Address: _____

Arrangements: _____

Parent Signature: _____ **Date:** _____

Initial to give permission:

___ I give permission to have my phone number and address printed in the 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 Family Handbook.

___ I agree to apply sunscreen or mosquito protection on my child prior to 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 be posted in the classroom and snack areas.

Thank You!