

STUDENT INFORMATION

First Name	Middle Initial	Last Name	Sex	Birthdate
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Street Address	City	State	Zip Code
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PARENT/GUARDIAN INFORMATION

Mother's Name	Home Phone	Cell Phone
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Mother's Address, if different from child	E-mail address
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Mother's Employer	Business Phone
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Father's Name	Cell Phone	E-mail address
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Father's Employer	Business Phone
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EMERGENCY INFORMATION

Medical condition, allergies or food intolerances, etc. (Write "NONE" if not applicable.)

Does your child take any regular medications? If yes, please list: _____

Child's Physician	Phone Number
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Name of Emergency Contact (1)	Home Phone	Cell Phone
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Name of Emergency Contact (2)	Home Phone	Cell Phone
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Insurance Information:

Name of Insurance Company	Policy Number	Insured's Name
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RELEASE INFORMATION

Individuals authorized to pick up your child (Place names on line above)

Individuals NOT authorized to pick up your child. Please attach appropriate paperwork such as the divorce decree if a parent is not allowed to pick up a child (32-05-252/6)

AGREEMENTS

The Weekday School agrees to notify the parents/guardian emergency contact whenever the child becomes ill, and the parents/guardian emergency contact agree to pick the child up as soon as possible. The parents/guardians authorize the Weekday School to seek immediate medical care if an emergency occurs and the parents/guardian cannot be reached.

(Parent or Guardian Signature)

(Date)

Do you give permission to include your names, phone numbers and addresses in the parent directory? Yes ___ No ___

Do you give permission for your child to participate in field trips? Yes ___ No ___

Are you a member of First Presbyterian Church? Yes ___ No ___

Has your child ever attended preschool? _____. If "yes," give name/address of previous preschool:

CLASS OFFERINGS* AND TUITION RATES

Child's Name: _____ Age on Sept. 30, 2010: _____

NOTE: *Class Offerings may be adjusted based upon enrollment. **Please write "1" for first choice and "2" for second choice (if any).

Table with 3 columns: Age Group, Days, and Monthly Rate. Rows include Infants (6 weeks-12 months), Toddlers (13-23 months), 2 Year Olds (24-35 months), 3 Year Olds (36-47 months), 4 Year Olds (48 months & older), and 5 Year Olds.

(MUST be 5 by Nov. 30)

Class Supply Fee: \$25 per child (to be paid with September's tuition)

Registration Fee: Single Child \$55 (at time of registration)

(Non-refundable) Family \$80 (at time of registration)

Confidentiality Statement: Information about any child in First Presbyterian Weekday School is confidential and will not be given to anyone except VA Dept. of Social Services' designees or other persons authorized by law unless the child's parent/guardian gives written permission.

OFFICE USE ONLY

Registration fee received by: _____ Date/Time Registration Received: _____

Check Number: _____ Amount: _____ Cash Amount: _____

IDENTITY VERIFICATION

Birth Certificate Number

Place of Birth

Date Issued

Person Viewing Birth Certificate: _____