



schick's crossing

P R E S C H O O L

REGISTRATION FORM

CHILD'S INFORMATION

CHILD'S NAME:	NICKNAME IF PREFERRED:
ADDRESS:	
BIRTHDATE:	GENDER: M F

PARENT/GUARDIAN INFORMATION

PARENT/ GUARDIAN NAME:		
ADDRESS (IF DIFFERENT FROM ABOVE):		
PREFERRED PHONE NUMBER:	ALTERNATE PHONE NUMBER:	
EMAIL:	EMAIL CHECKED REGULARLY? Y N	
PARENT/ GUARDIAN NAME:		
ADDRESS (IF DIFFERENT FROM ABOVE):		
PREFERRED PHONE NUMBER:	ALTERNATE PHONE NUMBER:	
EMAIL:	EMAIL CHECKED REGULARLY? Y N	

ADDITIONAL PEOPLE

PEOPLE (NOT INCLUDING PARENTS/GUARDIANS) WITH WHOM CHILD MAY REGULARLY LEAVE SCHOOL WITH	
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:

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P R E S C H O O L

REGISTRATION FORM

ADDITIONAL PEOPLE (CONTINUED)

PEOPLE (NOT INCLUDING PARENTS/GUARDIANS) WHOM CHILD MAY LEAVE WITH IN CASE OF EMERGENCY

NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:

CLASS CHOICE (PLEASE INDICATE 1st AND 2nd CHOICE IF APPLICABLE)

	There must be a minimum of 10 students to guarantee dates/times.
	4 YEAR OLD, 3-DAY MORNING PROGRAM (M, W, F) OR 5-DAY (M-F) Please Circle Choice
	3 YEAR OLD, 3-DAY MORNING PROGRAM (M, W, F)
	3 YEAR OLD, 2-DAY MORNING CLASS (T, TH)

SIGNATURE REQUIRED

I understand that my child will receive religious instruction, including, but not limited to, hearing Bible stories, celebrating religious holidays and participating in prayer before snacks.

I grant permission for my child to be photographed for the purpose of creating memory books, slide show presentations and marketing use including website, brochures and social media.

In case of an emergency, every effort will be made to contact a parent/guardian or emergency contact. However, if unable to contact, I give permission to Bartlett Bible Church and Schick's Crossing Preschool staff to perform CPR and/or First Aid if needed and to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being.

PARENT/GUARDIAN
SIGNATURE:

DATE:

FOR OFFICE USE ONLY

DATE RECEIVED	AMOUNT	CHECK #
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PLEASE COMPLETE BOTH SIDES