

School Year \_\_\_\_\_

Mt. Calvary Baptist Church Preschool  
287 Mt Calvary Road NW  
Marietta, Georgia 30064

**REGISTRATION FORM**

Toddlers: 1 day\_\_\_\_ 2 days\_\_\_\_ 3 days\_\_\_\_ 4 days\_\_\_\_

2 year-2 days\_\_\_\_ 3 year-3 days\_\_\_\_ 4 year-4 days\_\_\_\_

Kindergarten-5 days\_\_\_\_

CHILD: Full Name \_\_\_\_\_

Name Used \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Age on Sept 1 \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Subdivision \_\_\_\_\_

Religious Preference \_\_\_\_\_ E Mail: \_\_\_\_\_

FATHER: Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_ Extension \_\_\_\_\_

MOTHER: Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_ Extension \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Names and ages of brothers and sisters: \_\_\_\_\_

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

How did you hear about our preschool? \_\_\_\_\_

Do you have other children in our preschool? \_\_\_\_\_

Name of preschool previously attended: \_\_\_\_\_

Is your child involved in dance lessons, ball teams, etc? If yes, please list.

\_\_\_\_\_  
What method of discipline would you prefer the teacher to use?

How is your child disciplined at home?

\_\_\_\_\_

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**HEALTH INFORMATION AND CHILD'S INTERESTS FORM**

**HEALTH:**

Does your child have any allergies? \_\_\_\_\_

If yes, please describe symptoms: \_\_\_\_\_

List foods and beverages your child cannot have: \_\_\_\_\_

General condition of your child's health: \_\_\_\_\_

Has your child had surgery? If yes, please describe: \_\_\_\_\_

List any medications/drugs taken regularly by your child: \_\_\_\_\_

Contagious Diseases (Please check the ones your child has had.)

Chicken Pox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Scarlet Fever \_\_\_

Whooping Cough \_\_\_ Other \_\_\_\_\_

Does your child have any physical handicaps? Yes \_\_\_ No \_\_\_ If yes, please describe \_\_\_\_\_

Does your child have any emotional problems? Yes \_\_\_ No \_\_\_ If yes, please describe \_\_\_\_\_

Has your child ever bitten other children? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

**INTERESTS:**

Child's favorite play activities: \_\_\_\_\_

Child's favorite books and stories: \_\_\_\_\_

Is your child interested in music? Yes \_\_\_ No \_\_\_

Does either parent play a musical instrument? Yes \_\_\_ No \_\_\_ If yes, what instrument(s) \_\_\_\_\_

Does your child use any of the items listed below at home? Please check the ones he/she uses.

Crayons \_\_\_ Paints \_\_\_ Finger Paints \_\_\_ Clay/Playdough \_\_\_

Scissors \_\_\_ Other \_\_\_\_\_

Is your child right or left-handed? \_\_\_\_\_

What kind of pets do you have? \_\_\_\_\_

Would you be willing to be Room Mother? \_\_\_\_\_

Is there any information we need to know about your child that has not been covered in this form, please list below.

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

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**EMERGENCY FORM**

Child's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Mother's Business Telephone \_\_\_\_\_

Father's Business Telephone \_\_\_\_\_

If we are unable to reach you, please list the names and telephone numbers of at least two relatives or friends we can call in case your child becomes ill.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Child's Physician \_\_\_\_\_ Telephone \_\_\_\_\_

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I hereby authorize the staff of the Mt. Calvary Baptist Preschool to act for me according to its best judgment in any emergency requiring medical attention, and I hereby waive and release the Preschool from any and all liability for any accident and/or injury incurred while at Preschool or under the supervision of the Preschool Staff.  
*All payment of medical and doctor's bills will be the responsibility of the parent.*

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

=====

The registration fee is non-refundable. The monthly tuition is due on the first of each month, and it is late if paid after the 10th of the month. A late fee in the amount of \$5.00 will be added if the monthly fee is paid after the 10th of the month.

If for any reason you withdraw your child from the Mt. Calvary Baptist Preschool, a thirty-day, written notice is required. You will be charged tuition for thirty (30) days beginning on the date of the receipt of the written notice. Having read this form, I hereby agree to the policy and procedures described above.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

=====

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**PERMISSION FOR CHILD TO BE PICKED UP FROM SCHOOL FORM**

The following individuals have permission to pick up my child. Please list any moms, dads, grandparents, carpool and emergency contact people.

<b>Name:</b>	<b>Relationship to Child:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date