



Allison Creek Preschool 2012-2013 Registration Form

Pre-Registration begins January 23, 2012
Open registration begins February 6, 2012 at 5:00pm
(Please complete and return along with your registration fee)

Office Use () class () folder () tuition envelopes () email list ()imm ()snack () 1st Month () HB ()

General Information	
Child's Name:	
Address: City/State/Zip	
Date of Birth:	Age on Sept. 1, 2012:
Class Choice:	<input type="checkbox"/> Two Day 3 Hour Toddler Class (Mon, Wed.) 8:30 – 11:30 am <input type="checkbox"/> Two Day 4 Hour Toddler Class (Mon, Wed.) 8:30 – 12:30 pm <input type="checkbox"/> Two Day 3 Hour Twos Class (Tues., Thurs.) 8:30 – 11:30 am <input type="checkbox"/> Two Day 4 Hour Twos Class (Tues., Thurs.) 8:30 – 12:30 pm <input type="checkbox"/> Four Day 3 Hour Toddlers/Twos Class (Mon-Thur.) 8:30–11:30 <input type="checkbox"/> Four Day 4 Hour Toddlers/Twos Class (Mon-Thur.) 8:30–12:30 <input type="checkbox"/> Three Day 3 Year-Old Class (Mon, Wed, Thurs) 8:30 – 12:30 <input type="checkbox"/> Four Day 3 Year-Old Class (Mon-Thurs) 8:30 – 12:30 <input type="checkbox"/> Four Day 4 Year-Old Class (Mon-Thurs) 8:30 – 12:30
*Four Hour Program Children Eat Lunch at School ...and should bring a ready-to-eat lunch and non-soda drink each day.	
E-mail Address:	
Church that you attend (if any):	
Home Phone: ()	Cell Phone(s):
Parents' Names:	
Mother's Place of Employment & Work Phone Number:	Father's Place of Employment & Work Phone Number:
Names & Ages of Siblings Living in the Home:	What experiences do you expect your child to gain from the ACPS program?
Please add my name to the sub. list. I am available to sub on the following days:	I would like to be a room parent or an assistant room parent:
Child's Health Record (Please attach a copy of immunization record)	
Food Allergies:	Other Allergies:
Please circle any recurring problems your child may have: Asthma Heart Trouble Bronchitis Ear Infections Croup Strep Throat Other: _____	Please circle any illnesses your child has had: Chicken pox German Measles Mumps Scarlet Fever Fever Red Measles Rheumatic Fever
When was your child potty trained?	Does your child have any fears?
Does your child have any other problems or medical situations we should be aware of?	What do you do at home to comfort your child?
Name & Phone # of Child's Doctor:	
I have attached a copy of my child's immunization record:	Yes , current record is attached or No , one will be provided before the beginning of the school year
Parent/Guardian Signature:	Date:

Authorization for Emergency Information

I hereby grant permission for any staff person from the preschool at Allison Creek Presbyterian Church to take whatever steps may be necessary to obtain emergency medical treatment for my child _____. These steps include, but are not limited to the following:

- Attempt to contact parent or guardian
- Attempt to contact the child's physician
- Attempt to contact the parent through any of the person's listed below
- If we can not contact you, we will call an ambulance OR have the child taken to the Emergency Room at Piedmont Medical Center in the company of a staff person in his/her personal vehicle

I also understand that I am responsible for any resultant medical treatment expenses.

Emergency Contact Information When Parents Can Not Be Reached

1. Full Name: _____ Relationship: _____
 Primary Phone: () _____ Alternate Phone: () _____

2. Full Name: _____ Relationship: _____
 Primary Phone: () _____ Alternate Phone: () _____

Parent/Guardian Signature:	Date:
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Authorization for Release

If my child is to be picked up by anyone other than myself or spouse, I will notify the teacher in writing or in case of emergency will call the preschool. I understand that anyone listed below may pick up my child provided the preschool has been notified by my spouse or by me. These individuals must provide a picture ID and a pick-up card issued by the preschool.

Other Authorized People:

1. Full Name: _____ Relationship: _____
 Primary Phone: () _____ Alternate Phone: () _____

2. Full Name: _____ Relationship: _____
 Primary Phone: () _____ Alternate Phone: () _____

Parent/Guardian Signature:	Date:
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Photo & Video Release

We take a lot of pictures here at ACPS. We use these in creating bulletin boards, photo albums, educational projects, and more to show kids having fun, playing and learning. We would like your permission to photograph/videotape your child for use in these projects. Photos will remain the property of ACPS unless otherwise noted.

I hereby (give / do not give) my permission for any photo/video to be used for marketing, to include but not limited to: albums, bulletin boards, advertisements, etc. for the discretionary use for Allison Creek Preschool.

Parent/Guardian Signature:	Date:
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Address & Phone Number Release

By signing below I grant Allison Creek Preschool permission to publish and distribute **my child's** name, address, birth date, phone number, photo, and email address in a preschool directory for preschool parents.

Parent/Guardian Signature:	Date:
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Registration Fee

By signing below I acknowledge the Registration Fee is NON-Refundable.

Parent/Guardian Signature:	Date:
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Registration & Supply in the amount of _____ paid by _____ Received by _____ on _____
 Snack Fee in the amount of _____ paid by _____ on _____
 First Month Tuition in the amount of _____ paid by _____ on _____

Any other notes:
