

Student's Information

Student's Name: _____
Last First Middle Suffix

Preferred Name: _____ Date of Birth: _____ Gender: Male Female

Church Home: _____ Primary Contact Email: _____

Primary Family Information

Address: _____
City _____ State _____ Zip Code _____

Home Phone: _____

Child Lives With: Both Parents Mom Dad Guardian Custody Document on File? Yes No

Father's Information

Father's Name: _____
Last First Middle Suffix

Preferred Name: _____

Cell Phone: _____

Company Name: _____ Job Title: _____

Business Phone: _____ Ext: _____ Church Home: _____

Emergency Contact:
Allowed to pick up child:

Mother's Information

Mother's Name: _____
Last First Middle

Preferred Name: _____

Cell Phone: _____

Company Name: _____ Job Title: _____

Business Phone: _____ Ext. _____ Church Home: _____

Emergency Contact:
Allowed to pick up child:

Office Use Only: REG _____ SUP _____ CLASS _____ DAYS _____

Emergency Contacts (other than parents) & Pickup Information

Contact Name: _____	Relation: _____
Cell Phone: _____	Other Phone: _____
Contact Name: _____	Relation: _____
Cell Phone: _____	Other Phone: _____
Contact Name: _____	Relation: _____
Cell Phone: _____	Other Phone: _____

Other Children Living at Home

Name _____	Birthdate: _____
Name _____	Birthdate: _____
Name _____	Birthdate: _____

Health Information

Is your child currently under a physician's care other than routine visit? Yes No

Does your child have any allergies? Yes No

If yes, please list: _____

Parent Agreement: I, _____, have read the Parkhills Preschool Parent Handbook and agree to abide by these policies. I agree to honor the non-refundable fee and monthly tuition payment schedule. In the event I need to withdraw my child from the program, I agree to give TWO WEEKS notice or pay for the two-week period. By signing this form, I am agreeing to abide by these policies.

Legal Restriction: Please attach appropriate documents

Medical Release: I, _____, the undersigned, do hereby
Parent/Guardian
grant permission for a representative of Parkhills Preschool staff to seek medical attention for my child,
_____ in the case of a medical emergency.
First Middle Last

I will not hold Parkhills Preschool financially responsible for the emergency medical care of my child. Parkhills Preschool **does not** assume any financial responsibility but does wish to provide emergency medical care.

Your signature gives the appropriate staff authority to call EMS and/or obtain medical attention for your child.

Parent/Guardian Signature Date

Media Releases

Child's Name _____

During the school year, photographs are taken capturing daily activities and special events. Pictures may be used to personalize gifts and create memory books or to personalize areas in the classroom.

- has my permission
 does not have my permission

Photographs on display will be at Parkhills Preschool, on the Parkhills Baptist Church website, the Parkhills Children's Ministry Facebook page. The child's name will not be displayed online.

- has my permission
 does not have my permission

Parkhills Preschool has a separate closed Facebook group for parents and families. Permission is required to enter the group. At the end of the school year, any non-returning family members will be removed and will need to request permission to join again upon reenrollment. Pictures and videos may be displayed in the closed group. Children's names will not be given within the group.

- has my permission
 does not have my permission

Parent's Signature _____

Date _____