

**SHEPHERD OF THE VALLEY PRESCHOOL REGISTRATION FORM - 2018-2019**

Child's Name: \_\_\_\_\_  
(Last) (First) (Middle) (Prefers to be called)

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian # 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Parent/Guardian # 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Sibling's Names/Ages: \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Individuals (other than parents) that can Be Called in an Emergency:

1<sup>st</sup> contact \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical or other conditions: in which the school should be aware (allergies, diet, special needs, etc.):

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

**\* PLEASE ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD TO THIS FORM \***

All reasonable precautions will be taken to protect your child while he/she participates in this program. Each time you leave your child you must provide a number where you or your spouse can be reached. In the event of an accident requiring emergency care, all necessary action will be taken. The parent/guardian must assume all financial responsibility for medical treatment.

**IN THE EVENT OF AN ACCIDENT, NEITHER THE TEACHER IN CHARGE, NOR ANYONE ASSISTING, NOR SHEPHERD OF THE VALLEY PRESBYTERIAN CHURCH WILL BE LIABLE FOR DAMAGES.**

I give my permission for emergency medical transportation and treatment. I understand the above policy and agree to it.

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

Date: \_\_\_\_\_

**Office Use Only**

Registration Fee: \_\_\_\_\_ Date received \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ Date Disenrolled: \_\_\_\_\_

Number of Days: 5 Day \_\_\_\_\_ 4 Day \_\_\_\_\_ 3 Day \_\_\_\_\_

**Indicate your preferred class days** (Tuesday-Wednesday-Thursday is not offered)

<u>Days</u>	<u>Times</u>	
Monday	9:00 am - 1:00 pm	_____
Tuesday	9:00 am - 1:00 pm	_____ 9:00 am – 3:00 pm _____
Wednesday	9:00 am - 1:00 pm	_____
Thursday	9:00 am - 1:00 pm	_____ 9:00 am – 3:00 pm _____
Friday	9:00 am - 1:00 pm	_____

We will verify your schedule

Comments to aid placement \_\_\_\_\_

Registration for Kids Love to Dance \_\_\_\_\_yes \_\_\_\_\_no

Individuals authorized to pick up my child from Shepherd of the Valley Preschool:. (Name & phone #)

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

I \_\_\_\_\_ verify that all of the above information is correct and will notify the directors promptly if it changes.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand the purpose, procedures and policy of Shepherd of the Valley Preschool. I will abide by the policies and payment terms, as stated in the Family Agreement Form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you find out about the Shepherd of the Valley Preschool Program? \_\_\_\_\_

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