

Nazarene Christian School Preschool Registration Form

Name (first, middle, last) _____

Date of Birth: _____ S.S. # _____ Home Phone _____

Address _____

What care has child been in before ? _____

Reason(s) for selecting Nazarene Christian School: _____

How did you hear about us ? _____

Church: _____ Do you attend regularly? _____

Mother _____ Home Phone: _____

Place of Employment _____ Wk. Phone: _____

Father _____ Home Phone: _____

Place of Employment _____ Wk. Phone: _____

Emergency Contacts / Others Authorized to pick up Child (Order in which to be contacted):

Name _____ Relation _____ Phone _____ Wk. Phone _____

Name _____ Relation _____ Phone _____ Wk. Phone _____

Name _____ Relation _____ Phone _____ Wk. Phone _____

Name _____ Relation _____ Phone _____ Wk. Phone _____

Doctor _____ Phone _____ Dentist _____ Phone _____

Hospital _____ Insurance Carrier _____ Policy Number _____

Allergies and other Special Medical Information which might help us: _____

Any likes, dislikes, habits, development, personality or behavior notes which might help us in working with your child: _____

(Please Initial) Acknowledgement / Understanding

_____ **I have read the Preschool Handbook and agree to abide by the school's policies and regulations, as given in the Handbook and as amended with 30 day notice.**

_____ **I agree that Nazarene Christian School and/or its staff may authorize the physician(s) of their choice to provide emergency care in the event that neither I nor the child's physician may be reached.**

_____ **I have read the Discipline Policy which is in the Preschool Handbook.**

_____ **I have received a copy of the N. C. Child Care and Rules Folder.**

Date _____ Signature _____

---Information for School Use Only

Reg. Date _____ Start Date _____ Group: _____ Notes: _____