

**First Christian Church Preschool
2017 Summer Program Registration**

Child's Name _____ Birthdate _____

Address _____ Home Phone _____

Email Address _____ Cell Phone _____

Father's Name _____ Address _____

Mother's Name _____ Address _____

Child lives with _____

Place of Father's Employment _____ Phone _____

Place of Mother's Employment _____ Phone _____

Emergency Person(s) _____ Phone _____

_____ Phone _____

Names and ages of other children in family _____

Allergies/Medical Concerns _____

Hospital Preference _____

Name of Physician _____ Phone _____

Are child's immunizations up to date? _____ (We will need a current Kentucky Certificate of Immunization or notarized exemption.)

Has child previously attended school? _____ If so, where? _____

Person(s) who may pick up child _____

Any further information you would like to give about your child (unusual speech patterns, personality traits, favorite pets, special interests, etc.) _____

Class Options (all classes meet from 9:00 a.m. to 2:00 p.m. daily; each class is \$20 per day):

TNT _____ **Twos Class** _____ **Threes Class** _____ **Fours/Fives Class** _____
(Toddlers N' Training)

June session _____

July session _____

*******Each session's tuition is due in full upon the first day of that month's enrollment.*******

Registration fee: **\$30** _____ (both sessions) **\$15** _____ (one session only)

I hereby authorize First Christian Preschool to obtain emergency medical care for my child throughout the 2017-2018 school year.

Date of Registration _____ Parent Signature _____
Date of Enrollment _____ Director Signature _____