

Tue/Thur Mon/Wed/Fri

Two empty square boxes for scheduling or marking.

# Milwaukie Covenant Preschool

2018 - 2019



1. Complete front and back of form.
2. Parent/Guardian must sign the back of form.
3. Turn in this completed form **with** the \$ 60 registration fee.
4. Your child's spot **is not** reserved until all steps are complete.
5. **Please note, children must be potty trained to participate in our program**

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ (Zip) \_\_\_\_\_

Cell Phone: (father) \_\_\_\_\_ (mother) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please indicate which session for which you are registering:**

- 4 year old Monday, Wednesday, Friday 9:00 to 11:30 \$135/month OR \$1215/year
- 4 year old **extended day** Monday, Wednesday, Friday 9 to 12:30 \$180/month OR \$1620/year
- 3 year old Tuesday, Thursday 9:00 to 11:30 \$110/month OR \$990/year
- 3 year old **extended day** Tuesday, Thursday 9:00 to 12:30 \$145/month OR \$1305/year

|               |          |                  |
|---------------|----------|------------------|
| Father's Name | Employer | Telephone Number |
|               |          |                  |

|               |          |                  |
|---------------|----------|------------------|
| Mother's Name | Employer | Telephone Number |
|               |          |                  |

|                   |                   |        |        |       |
|-------------------|-------------------|--------|--------|-------|
| Child lives with: | Mother and Father | Mother | Father | Other |
|-------------------|-------------------|--------|--------|-------|

|   |
|---|
| Authorized Adult (if parents are working) |
|---|

|       |        |
|-------|--------|
| Name: | Phone: |
|-------|--------|

**Siblings**

|       |     |        |
|-------|-----|--------|
| Name: | Age | Gender |
|-------|-----|--------|

|  |
|--|
|  |
|  |
|  |
|  |

\*\*\*\*\* Please complete reverse side

Please describe any health problems your child has (allergies, heart trouble, speech difficulty, seizures, diabetes, etc.)

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

Please indicate if there are any custodial issues we should be aware of:

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

Has this child been in a preschool situation before? y/ n

If so, when and where? \_\_\_\_\_

Does the family regularly attend church? y/n

If so, where? \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

**Other contact information**

Email address for receiving class information \_\_\_\_\_

Cell phone you wish to receive texts regarding school information \_\_\_\_\_

Sitter's Name and contact information if child will be dropped off or picked up by a sitter

\_\_\_\_\_

Emergency contacts:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name and Phone number: \_\_\_\_\_

**Statement of responsibility: When we (the parents/guardians) cannot be notified in case of emergency, the teacher is authorized to make decisions to insure the welfare and health of my child. I understand the school assumes no financial obligation in case of emergency treatment.**

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

|                                 |                 |                |
|---------------------------------|-----------------|----------------|
| Office use only: Reg form _____ | Reg fee _____   | Imm Form _____ |
| Confirmed _____                 | Info sent _____ |                |