



MILWAUKIE COVENANT PRESCHOOL

1. Complete front and back of form.
2. Parent/Guardian **must** sign the back of form.
3. Turn in this completed form **with** at least half the tuition payment.
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: _____

Fees for summer camp:

\$190 for the entire eight week session. We run Tuesdays and Thursdays, June 19th through August 16th. We will not meet the week of June 26 and 28 so everyone can enjoy MCC's Vacation Bible School Week.

Half of the tuition fee is required with registration. The remaining balance is due the first day of preschool. Parents will be able to sign up to help with snacks. *Class time is 9 AM to 12 PM Tuesday's and Thursday's only*

Father's Name	Employer	Telephone Number
Mother's Name	Employer	Telephone Number
Child lives with:	<input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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 _____ Confirmed _____
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