



# Registration Form 2012-2013

<i>For Office Use Only</i>	
<input type="checkbox"/>	Complete Application: Front & Back
<input type="checkbox"/>	Registration Fee Paid
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Immunization Record
<input type="checkbox"/>	Recorded in ACS

Last Name

Goes By (used to label everything throughout the year)

**Please Print Clearly** STUDENT INFORMATION

REGISTRATION FOR:	<input type="checkbox"/> K5	<input type="checkbox"/> K4	<input type="checkbox"/> K3	<input type="checkbox"/> K2
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Name \_\_\_\_\_  
Last First Middle
 Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age as of Sept. 1, 2012 \_\_\_\_\_

Does applicant attend Sunday school and church regularly?  Yes  No

How did you hear about us? \_\_\_\_\_

Name and ages of siblings living in the home: \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL ALERT: List any known food or environmental allergies below:**  
 \_\_\_\_\_

Please state reason(s) you desire your child to be in Calvary Christian Preschool:  
 \_\_\_\_\_

Would either parent be interested in being a guest speaker for Occupation Day?  Yes  No Occupation \_\_\_\_\_

PARENT OR GUARDIAN INFORMATION

FATHER/GUARDIAN	MOTHER/GUARDIAN
Full Name _____	Full Name _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email _____ <input type="checkbox"/> primary	Email _____ <input type="checkbox"/> primary
Occupation _____	Occupation _____
Place of Employment _____	Place of Employment _____
Business Phone _____	Business Phone _____
Church _____	Church _____
Pastor _____	Pastor _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

**Please continue on the back...**

<b>Additional Contact Names</b>	<b>Relationship</b>	<b>Phone Number</b>	<b>Emergency Contact?</b>	<b>May pick up child?</b>
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No

<b>Name &amp; Home Address of Insured:</b>	<b>Name &amp; Address of Insurance Company:</b>

<b>Insurance Policy Number:</b>

<b>Name &amp; Address of Child's Physician:</b>	<b>Does child take any medication on a regular basis? (If yes, please list.)</b>

I give permission to have my contact information released to other parents in my child's classroom, i.e. a class directory. This will be helpful for class parties, playgroups, etc.

Yes No Parent/Guardian Signature: \_\_\_\_\_

I give permission for my student's photograph to be seen in general class pictures to be used in school materials and possibly local news outlets.

Yes No Parent/Guardian Signature: \_\_\_\_\_

I have read the Calvary Christian Preschool handbook in its entirety, support the school's policies as set forth therein, and recognize my need for compliance to the policies. I release Calvary Baptist Church of Simpsonville, Inc. and Calvary Christian Preschool, a ministry of Calvary Baptist Church, or its agents, employees, successors or assigns from all liability of any kind in the event my child is injured at school or during any school activity. I do hereby authorize Calvary Baptist Church to use their judgment in seeking treatment for this child in case of an emergency.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_