

St. Mark Preschool

6795 Whitesville Road, Columbus GA 31904
706-327-3376

REGISTRATION FORM 2009-2010

Child's Name _____ Sex M F
Date of Birth: Month _____ Day ____ Year ____ . Age as of Sept. 1st _____
Home Address _____ Phone (____) _____
Entrance Date _____ Withdrawal Date _____

Program Days: 0 YR-1YR: Number of Days _____ Circle Days: T W R
2 YR-3YR: 2-Day (M/F) _____ 3-Day (T/W/R) _____ 5-Day (M-F) _____
Enrichment: Tuesday (Art) Wednesday (physical fitness) Thursday (computers and science)

Mother's Name _____ Cell # (____) _____
Mother's Employer _____ Email _____

Father's Name _____ Cell # (____) _____
Father's Employer _____ Email _____

Child Lives With: Both Parents _____ Mother _____ Father _____ Other _____
Church Relationship _____

The child may be released only to those persons listed below (other than parents):
Name _____ Address _____ Phone (____) _____
Name _____ Address _____ Phone (____) _____
Name _____ Address _____ Phone (____) _____

Persons to contact in the event of an emergency when parents cannot be reached:
Name _____ Relationship _____ Phone (____) _____
Name _____ Relationship _____ Phone (____) _____
Name _____ Relationship _____ Phone (____) _____

Child's Physician _____ Address _____ Phone (____) _____
Insurance Company _____ Insured ID # _____ Group # _____

List any special health concerns, allergies, or other things we need to be aware of:

Should my child become ill or suffer an accident while in the care of St. Mark Preschool, and I cannot be reached I hereby authorize the Preschool to secure emergency medical attention for my child if it becomes necessary. Signed _____ Date _____

I hereby give St. Mark Preschool permission to transport my child to and from any and all field trip destinations. Signed _____ Date _____

I have received the Preschool Financial Policy. I fully understand all issues pertaining to the financial policy. I agree to abide by the policy. I also agree to abide by the rules as stated in the Preschool Parent/Child Handbook.
Signature of Parent or Guardian: _____ Date _____