

For Office Use Only

Received Date \_\_\_\_\_ Check # \_\_\_\_\_

Start Date \_\_\_\_\_ Amount \_\_\_\_\_

Siblings \_\_\_\_\_ Immunization Form \_\_\_\_\_

Class Choice \_\_\_\_\_

## Lanier Christian Preschool Student Registration Form for 2012-2013 School Year

**\*\*\* ALL REGISTRATION AND SUPPLY FEES ARE NON-REFUNDABLE \*\*\***

Lanier Christian Preschool is a non-discriminatory Christian preschool. We accept children without regard to sex, race, creed, color, or national origin.

**Please clearly print information below**

Child's Full Name \_\_\_\_\_

Name to appear on book bag \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female Where does your family worship? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

**Please be sure to advise us of any contact information changes during the year!**

Names and Ages of Siblings:

\_\_\_\_\_

**Does your child have any allergies, dietary restrictions, or health concerns?** \_\_\_\_ Y \_\_\_\_ N (If yes, please list any allergies, restrictions, or concerns below.)

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

**Is your child potty trained?:** \_\_\_\_ Y \_\_\_\_ N (Children enrolled in the 3 & 4 year old classes **must** be potty-trained)

**Physical Conditions:** (Please list any concerns or health problems the school should be aware of):

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

**Certificate of immunization: Please be advised that an immunization record must be on file for all children by the first day of school. You can obtain the form from your Pediatrician.**

The information I have given is correct to the best of my knowledge. I have fully read this registration form and understand that the registration and supply fees are non-refundable. I agree to adhere to the policies and procedures as outlined in the Student Handbook.

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

# Lanier Christian Preschool Emergency Release Form

Child's Name \_\_\_\_\_ Child Goes by \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Authorization for Emergency Medical Attention

In the event of illness or accident that requires immediate medical attention and/or treatment, I understand every effort will be made to contact my spouse and me. In the case of such an emergency, I hereby authorize and give my consent to the Director and Teachers of Lanier Christian Preschool to provide and/or arrange necessary related emergency transportation for my child to the nearest medical facility for immediate care. I authorize them to select medical personnel (including, under the supervision of, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel) who may order X-rays, routine tests, medical or surgical diagnoses or treatment (including emergency care, hospitalization, anesthesia, surgery, or injections of medication) and to release any records necessary for insurance purposes. I will hold harmless Lanier Christian Preschool, Lanier United Methodist Church, the Preschool Director and staff, the Preschool Board, and/or any other individuals or agencies associated with this program, for any accident or injury that may occur to my child while attending Lanier Christian Preschool.

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

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Name of Policyholder \_\_\_\_\_ Employer \_\_\_\_\_

Please list up to three local relatives/friends that you authorize to transport your child home and/or assume temporary care of your child if you cannot be reached.

### Emergency/Authorized Pickup 1

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### Emergency/Authorized Pickup 2

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### Emergency/Authorized Pickup 3

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## Publicity Permission Form

I give permission for my child to be photographed for articles promoting Lanier Christian Preschool. These pictures may appear on our website. In posting a photograph or classroom project of a student, Lanier Christian Preschool is careful not to associate a student's identity in such a way that it can be identified with a photograph of the student.

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