



Viewmont Baptist Preschool
Tree of Learning
Making Each Child's with Love and Knowledge



REGISTRATION FORM

Application Date _____

Date of Enrollment _____

Registration Fee: \$100 (non-refundable)

Name of Child _____ Male ___ Female ___ Birth date _____
 (Last) (First) (MI) (Nickname)

Child's Physical Address _____

- | | | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Infant Room (Starting at 6 wks.) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri |
| <input type="checkbox"/> Wobbler Room (9 Months by Sept 1 st) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri |
| <input type="checkbox"/> Toddler Room (18 months by Sept 1 st) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri |
| <input type="checkbox"/> 2 Year Room (2 by Sept 1 st) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri |
| <input type="checkbox"/> 3 Year Room (3 by Sept 1 st) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri |
| <input type="checkbox"/> 4 Year Room (4 by Sept 1 st and Mandatory M, W, F) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri |

My child will attend: Half-day only (8:45 - 12:45 with lunch bunch), Full-day (7:15 - 3:00)
 Other: Half day plus AM drop off at: _____ and/or PM pick up at 3:00
 Note: Pickup times are either 12:45 or 3:00 pm. You may choose different times for different days.
 3:00 - 4:00 ONLY for students in Toddler - 4's registered BEFORE January 1, 2023.

INFORMATION ABOUT THE FAMILY

Father/Guardian's Name _____ Home Phone _____
 Address (if different from child's) _____
 Email _____ Cell Phone _____
 Where employed _____ Work Phone _____
 Mother's Name _____ Home Phone _____
 Address (if different from child's) _____
 Email _____ Cell Phone _____
 Where employed _____ Work Phone _____
 Siblings: Name _____ Age _____ Name _____ Age _____ Name _____ Age _____
 Email address to be used for newsletters and billing purposes _____

INFORMATION ABOUT CHILD

Child lives with: Both Parents Father Mother Other _____
 Is your child actively involved in a local church? No Yes Name of Church _____
 Did your child attend a different program before this one? No Yes Name _____
 Please provide any information concerning your child which would be helpful in social, recreational, and academic activities _____

I give permission for:

- No Yes, The publication and use of my child's artwork, writings or photography. This may include media, displays, or website. (No personal information will be used).
 No Yes, my child to travel in an unfenced area outside, but on the church property.

HEALTH CARE NEEDS

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is a medical action plan attached? No Yes (Medical action plan must be updated on an annual basis and when changes to the plan occur)

List any allergies and the symptoms and type of response required for allergic reactions: _____

List any health care needs or concerns, symptoms of and the type of response for these health care needs or concerns: _____

List any fears or unique behavior characteristics the child has: _____

List any types of medication taken for health care needs: _____

Share any additional information that has a direct bearing on assuring safe medical treatment for your child: _____

CONTACTS

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached; the facility has permission to contact the following individuals.

Name	Relationship to Child	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY MEDICAL CARE INFORMATION

Name of health care professional _____ Phone _____

Hospital preference _____ Phone _____

I, as the parent/guardian, authorize Viewmont Baptist Tree of Learning Preschool to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

ENROLLMENT INFORMATION: I, the undersigned parent or guardian of the child named above, have received and read the *Viewmont Baptist Preschool Parent Handbook* and the **NC Childcare Laws** for childcare centers. I understand that the Preschool Directors are available to answer any questions I may have concerning these policies.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____