



Viewmont Baptist Preschool  
**Tree of Learning**  
Making God's Children with Love and Knowledge

## REGISTRATION FORM

Application Date \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

**Registration Fee: \$80 (non-refundable)**

Name of Child \_\_\_\_\_ 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"/> Toddler Room                     | <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                      | <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                      | <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 (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 - 12:00, with or without lunch bunch),  Full-day (after 7:15 - before 6:00)  
 Other: Half day plus AM drop off at: \_\_\_\_\_ and/or PM pick up at: \_\_\_\_\_

### 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 from building to playground or a park).

### 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 particular 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 Child Care Laws** for child care 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 situation, 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 \_\_\_\_\_