

Registration Form

Fall 2022

Please Print



Office Use Only

Registration Fee: _____

Check # _____ Date: _____

DHEC: _____

My Child is Enrolling as an...

- Infant (8 weeks at time of admittance)
- Toddler (must be one year old on or before Sept. 1, 2022)
- Three-Year-Old (must be three years old on or before Sept. 1, 2022)
- Two-Year-Old (must be two years old on or before Sept. 1, 2022)
- Four-Year-Old (must be four years old on or before Sept. 1, 2022)

Child's Name _____

Name Most Commonly Used _____

Boy or Girl • Birthday _____

Home Address _____

City _____ State _____ Zip _____

Mother's Name _____

Employer _____

Business Phone _____ Mobile Phone _____

Email Address _____

Father's Name _____

Employer _____

Business Phone _____ Mobile Phone _____

Email Address _____

Parents are... married separated divorced • Is your child adopted? yes no If, yes, does your child know he/she is adopted? yes no

List people who are allowed to pick up your child and whom we can call in case of emergency:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Is there anyone NOT ALLOWED to pick up your children? yes no

If yes, who and explain why _____

Religious Affiliation (optional) _____

Are you a member of Central Methodist Church-Spartanburg? o yes o no • Are you interested in learning about Central's programs for families and children? o yes o no

Has your child attended preschool or daycare in the past? o yes o no • If yes, where? _____

Names and Ages of Siblings...

More on Back of this Page...

General Health?

More on Back of this Page...

Does your child have...

Allergies Asthma Diabetes

other _____

Might your child have an allergy that requires an EpiPen? yes no • WE MUST HAVE A CURRENT ONE TO KEEP AT THE SCHOOL!

Please indicate if your child receives services from BabyNet, speech, or other therapy/early intervention providers...

Pediatrician/Doctor & Telephone Number

Three- and Four-year-olds must be “potty independent” when school starts. Please initial indicating you are aware of this policy... _____

Health Policy

We cannot admit your child to the school, if he or she is sick with illnesses that include...

A runny nose associated with a cold diarrhea (even from teething) nausea fever vomiting lice

- We reserve the right to not accept your child or to call you for immediate pick-up if your child shows any of the above symptoms.
- Please make sure your child is “fever free” without medicine (Tylenol, aspirin, Motrin, etc.) for 24 hours before returning to preschool.
- **A current DHEC Immunization Form must be on file at the preschool at all times. The form must be submitted prior to the start of the school year (fall) and an updated form must be submitted when necessary. Enrollment could be interrupted if the forms lapse.**
- **All students must be current on vaccinations. Intial... _____**

Please sign and date...

Print Parent or Guardian’s name _____

Signature _____ Date _____

Central Preschool for the Arts admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It shall not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

