

# Registration Form

School Year- \_\_\_\_\_



**Office Use Only**

Registration Fee: \_\_\_\_\_

Check # \_\_\_\_\_ Date: \_\_\_\_\_

DHEC: \_\_\_\_\_

## Please Print

My Child is Enrolling as an...

- |   |  |
|---|--|
| <input type="checkbox"/> Infant (8 weeks at time of admittance)<br><input type="checkbox"/> Toddler (must be one year old on or before Sept. 1st )<br><input type="checkbox"/> Three-Year-Old (must be three years old on or before Sept. 1st ) | <input type="checkbox"/> Two-Year-Old (must be two years old on or before Sept. 1st)<br><input type="checkbox"/> Four-Year-Old (must be four years old on or before Sept. 1st) |
|---|--|

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

Name Most Commonly Used \_\_\_\_\_

Boy  or Girl  • Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent'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 \_\_\_\_\_

Does 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.

