



For office use only
Reg. Date: _____
Check #: _____
Sept. Tuition: _____
Check #: _____
Activity fee: _____

REGISTRATION FORM

CHILDREN'S INFORMATION:

Child's Name: _____
First Middle Last Goes by (if different)

Birth Date ____/____/____ Age: ____ (as of this coming Aug. 31st) Male/Female

Child's Name: _____
First Middle Last Goes by (if different)

Birth Date ____/____/____ Age: ____ (as of this coming Aug. 31st) Male/Female

Address: _____
Street City, State Zip Code

*NOTE: The child **MUST BE POTTY TRAINED** and have independent bathroom practice before they can attend the 3 year old class.*

PARENT/GUARDIAN INFORMATION:

Mother's Name: _____

Address: _____
Street City, State Zip Code

Email address: _____

Home phone #: _____ Meadowlake Church Member? _____

Cell phone #: _____

Employer: _____ Business phone # _____

Father's Name: _____

Address: _____
Street City, State Zip Code

Email address: _____

Home phone #: _____ Meadowlake Church Member? _____

Cell phone #: _____

Employer: _____ Business phone # _____

Child lives with: _____ Mother _____ Father _____ both _____ Other (please explain)

OTHER PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

1. Name: _____ Relationship _____ Phone # _____
2. Name: _____ Relationship _____ Phone # _____
3. Name: _____ Relationship _____ Phone # _____
4. Name: _____ Relationship _____ Phone # _____

How did you hear about Meadowlake Preschool? _____

Do you have a home church? _____ If so, where? _____

List any siblings who have attended Meadowlake Preschool and the age group(s) there were in: _____

MEDICAL INFORMATION:

Child's Doctor _____ Phone # _____

Address: _____
Street City, State Zip Code

Hospital Preference: _____
(In some instances EMS will transport to the closest facility.)

Child's Dentist _____ Phone # _____

Address: _____
Street City, State Zip Code

EMERGENCY CARE INFORMATION

(Please print carefully, giving exact information)

Does your child have any medical conditions or known allergies? Yes No

If yes, please explain! _____

EMERGENCY CONTACT INFORMATION

(We MUST have at least one person that we may call in case the parent/guardian cannot be contacted.)

1. Name: _____ Relationship _____ Phone # _____

2. Name: _____ Relationship _____ Phone # _____

PARENT/GUARDIAN CONSENT FOR EMERGENCY CARE

I consent to have my child, _____, receive first aid treatment by Meadowlake Presbyterian Preschool Staff. I also authorize Meadowlake Presbyterian Preschool Staff to transport or have my child transported by rescue personnel to receive emergency medical care. I agree the Meadowlake Presbyterian Preschool Staff may authorize the doctor of their choice to provide emergency care in the event that I cannot be contacted immediately.

Signature of Parent/Guardian _____ Date ____/____/____

Enclose registration fee (\$90.00). **Make check payable to Meadowlake Preschool.**

Meadowlake Presbyterian Church Preschool
6501 Gilead Road
Huntersville, NC 28078

(Registration Forms will NOT be processed without the Registration Fee. Registration Fee is non-refundable after admission.)