

Hillsdale Preschool at



Julie Sugg, Director
(336) 940-6618

Fax: (336) 940-5660

julie@hillsdalebaptistchurch.org

FOR OFFICE USE

Registration Form Received: _____

Registration Amount Received: _____

Age: _____

Class: _____

Immunization Record Received: _____

Registration Form

Please return to Hillsdale Baptist Church or mail to: 4815 U.S. Highway 158, Advance, NC 27006.
Checks are to be made payable to Hillsdale Baptist Church. **The Registration Fee is Non-refundable.**

Applying for school year: _____ Class Preference _____

Child's Legal Name: _____ Nickname: _____

Gender: _____ Date of Birth ____/____/____ Age as of August 31: Years ____ Months ____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home E-Mail Address: _____

Family Information

Parents' Marital Status: Single ____ Married ____ Separated ____ Divorced ____

Child's Primary Custodian: Mother ____ Father ____ Other ____

Father's Name: _____ Cell Phone: _____

Father's Place of Employment: _____ Work Phone: _____

Address/Home Phone (if different from child) : _____

Mother's Name: _____ Cell Phone: _____

Mother's Place of Employment: _____ Work Phone: _____

Address/Home Phone (if different from child): _____

Siblings? If so, please list names, ages, and school(s) they attend:

Emergency Contacts/Release Authorization

Please list the name and telephone number(s) of at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Choice #1:

Choice #2:

In addition to the child's parents, please list the names of adults who are allowed to pick up your child:

Help us ensure that your child is sent home safely. We may not recognize all the important adults in your child's life. Please tell all contact/release people that they may be asked to provide photo identification.

Medical Information

Name of Child's Physician: _____ Phone: _____

Insurance Carrier: _____ Policy Number: _____

Hospital Preference: _____

Does your child have any allergies or medical conditions that we should be aware of? *(Please describe)*

Newly enrolled preschool families must provide a copy of child's immunization record. Current students may update their record on file as necessary.

Consent for Medical Treatment

I, the undersigned, give permission for the Director, staff or persons working on behalf of Hillsdale Preschool to act in my absence or in emergency situations to obtain medical treatment for my child, _____ . I agree to accept full responsibility for the payment of all ambulance, hospital and physician's bills and charges for services rendered.

(Signature of Parent/Guardian)

(Date)

Media Release (Sign only if you do NOT grant release.)

We love to see your preschooler in action! Occasionally, we take photos and video. If you **do not** wish your preschooler's image to be used in our slideshows, newsletters, on our web site, or in any other media, please note this by signing below.

(Signature of Parent/Guardian)

(Date)