


Cannon Church Preschool

Registration Form 2020-2021

Four Year Old Class (Age 4 on or before September 1, 2020)

	Indicate Your Day Preference Hours: 9:00 am to 1:00 pm Student will bring lunch daily	
	Monday thru Thursday <input type="checkbox"/> \$215.00/month Registration Fee: \$255.00	Monday thru Friday <input type="checkbox"/> \$230.00/month Registration Fee: \$270.00
	Please indicate: <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student	

Student Information

Child's Full Name	Prefers to be called
Age on 9/1/20	Date of Birth
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	Subdivision
City & Zip	Home Phone
Email address checked most often	

Parent Information

Mom's Name	Occupation	Work Phone
Dad's Name	Occupation	Work Phone
Mom's Cell Phone	Dad's Cell Phone	
Does child live with both Parents? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, with whom?
Church Affiliation:		
May we publish your home phone in our class listing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Sibling Information

Name	Age	Name	Age
Name	Age	Name	Age

Tuition Information:

Cannon Preschool sends out monthly tuition statements. Please provide the name and mailing address of the responsible party.

For Preschool Office Use Only

<input type="checkbox"/> Signature Form Received	<input type="checkbox"/> Immunization Form Received	<input type="checkbox"/> Copy of Birth Certificate Received	Registration Received on Date: _____ Amount: _____	Check # _____
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Child's Name:	Parent or Guardian Names:
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Other Information

Tell us about your child – personality, likes/dislikes, interests, etc.? Check all that apply and provide comments.

- Plays well with others
 Transitions well
 Out going
 Independent toilet habits
 Copes well with change
 Aggressive
 Shy

Class/Teacher Placement Consideration: You may indicate a preference; however we may not be able to honor all requests.

Medical Information

Medical Doctor Name	Phone
Dentist Name	Phone
Drug Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list
Other Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list
Does your child have an allergy response plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Epipen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any condition that should be taken into consideration should emergency treatment become necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe	
Has your child had any serious illness, surgery or physical handicaps that have been identified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe	

Emergency Information

In the event of an illness or emergency on the Cannon Campus, the Preschool policy is to first contact the parents. If we are unable to contact the parents, please provide 3 other contacts we can release your child to. Please keep this information up to date.

Name	Relationship	Phone

Notice:

Cannon Church Preschool meets the qualifications for exemption from state licensure.
Cannon Preschool is a peanut/nut free environment.
Toilet training is required of students in 3, 4, & 5 year old classes.

PERMISSIONS

Medical Treatment Release

In the event that neither parent nor guardian can be reached and medical treatment is indicated, Cannon Church Preschool has my permission to authorize medical treatment for my child. Cannon uses Emory Eastside Medical Center for emergency treatment.

Parent Guardian Signature _____ Date _____ (Note: Registration fees are non-refundable.)