


# Cannon Church Preschool

## Registration Form 2020-2021

**Five Year Old/ Transitional Class-** (Age 5 on or before September 1, 2020)

	Class Days: 5 days per week (Mon – Fri) Hours: 9:00 am to 1:00 pm – student brings lunch daily Tuition: \$260.00/month Registration Fee: \$340.00
	<b>Non-Refundable Fees Due at Registration</b> **One Time Registration Fee **One Time yearly fee of \$40.00 (\$30 activity fee and \$10 photo fee)
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# _____
--	---	---	--

Child's Name:	Parent or Guardian Names:
---------------	---------------------------

### 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.)