


# Cannon Church Preschool

## Registration Form 2025-2026

### Toddler Class (Age 1 on or before September 1, 2025)

	<b>Indicate Your Day Preference</b>	
	<p>Monday &amp; Wednesday 9am-1pm  <input type="checkbox"/>  <b>18 – 24 months</b> by September 1st            \$210.00/month            Registration Fee: \$230.00</p>	<p>Tuesday &amp; Thursday 9am-1pm  <input type="checkbox"/>  <b>12 – 18 months</b> by September 1st            \$210.00/month            Registration Fee: \$230.00</p>

### Student Information

Child's Full Name	Prefers to be called
Age on 9/1/25	Date of Birth
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	Subdivision
City & Zip	Home Phone
Email addresses	
Mom:	Dad:

### Parent Information

Mom's Name	Employer	Work Phone
Dad's Name	Employer	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 information in our class listing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Sibling Information

Name	Age
Name	Age
Name	Age

### Tuition Information:

*Please provide the name of the person you would like to designate as the Financially Responsible person. Tuition is due on the 1<sup>st</sup> / late after the 5<sup>th</sup>.*

### 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: \$_____ CC <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ FRP: _____
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  
 ☐ Copes well with change  
 ☐ Out going  
 ☐ Shy  
 ☐ Aggressive

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
Name	Relationship	Phone
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-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 Piedmont Eastside Medical Center for emergency treatment.

Parent or Guardian Signature	Date	<b>Note: Registration fees are non-refundable.</b>
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