


# Cannon Church Preschool

## Registration Form 2026-2027

**Four Year Old Class-** (Age 4 on or before September 1, 2026)

	<p>Class Days: 5 days per week (Mon – Fri)</p> <p>Hours: 9:00 am to 1:00 pm – student brings lunch daily</p> <p>Tuition: \$305.00/month</p> <p>Registration Fee: \$375.00</p> <p><input type="checkbox"/> I am interested in a 4 day a week class.</p> <p><b>Please indicate:</b> <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student</p>
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### Student Information

Child's Full Name	Prefers to be called
Age on 9/1/26	
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	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 information in our class listing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Sibling Information

Name Age	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 10<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: _____
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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
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 Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ (Note: Registration fees are non-refundable.)