Cannon Church Preschool

Registration Form 2026-2027

Three Year Old Class (Age 3 on or before September 1, 2026)

Indicate Your Day Preference - Student will bring lunch daily.

Mon - Thurs (9 am-1 pm) ☐	Mon - Fri (9 am-1 pm) ☐
$280.00/month	$305.00/month
Registration Fee: $350.00	Registration Fee: $375.00

Please indicate: ☐ New Student ☐ Returning Student

Student Information

Child's Full Name	**Prefers to be called**
Age on 9/1/26	
Date of Birth	Gender ☐ Male ☐ 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? ☐ Yes ☐ No		**If not, with whom?**
Church Affiliation:		
May we publish your information in our class listing? ☐ Yes ☐ 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 1st / late after the 5th.

For Preschool Office Use Only

☐ Signature Form Received	☐ Immunization Form Received	☐ Copy of Birth Certificate Received	Registration Received on Date:_____ Amount $_____ CC ☐ Cash ☐ Check #_____ FRP:

2424 Webb Gin House Road ▪ Snellville, Georgia 30078
678-501-6442 ▪ **www.cannonchurch.org**

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 ☐Yes ☐No	If yes, please list
Other Allergies ☐Yes ☐No	If yes, please list

Does your child have an allergy response plan? ☐Yes ☐No EpiPen ☐Yes ☐No

Does your child have any condition that should be taken into consideration should emergency treatment become necessary?

☐Yes ☐No

If yes, please describe.

Has your child had any serious illness, surgery or physical handicaps that have been identified?

☐Yes ☐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
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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 **Note: Registration fees are non-refundable.**