


# Cannon Church Preschool

## Registration Form 2026-2027

**Two Year Old Class** (Age 2 on or before September 1, 2026)

|  | Indicate Your Day Preference  |  |  |
|---|---|--|--|
|   | M/W<br>9:00-1:00<br><input type="checkbox"/><br>\$230.00/month<br><br>Registration Fee: \$255.00<br>(based on availability) | T/Th<br>9:00-1:00<br><input type="checkbox"/><br>\$230.00/month<br><br>Registration Fee: \$255.00<br>(based on availability) | Mon-Thurs<br>9:00-1:00<br><input type="checkbox"/><br>\$280.00/month<br><br>Registration Fee: \$350.00 |
|   | Please indicate: <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student                            |  |  |
|   |   |  |  |

### Student Information

|                   |  |
|-------------------|--|
| Child's Full Name | Prefers to be called   |
| Age on 9/1/26     |  |
| 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   | 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 <span style="float: right;">Age</span> | Name <span style="float: right;">Age</span> |
| Name <span style="float: right;">Age</span> | Name <span style="float: right;">Age</span> |

### 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"/><br>Signature<br>Form<br>Received | <input type="checkbox"/><br>Immunization<br>Form Received | <input type="checkbox"/> Copy of<br>Birth Certificate<br>Received | Registration Received on Date: _____<br>Amount \$ _____ CC <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____<br><br>FRP: _____ |
|---|---|---|---|

|               |                           |
|---------------|---------------------------|
| 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 ☐ 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please describe |                     |
| Has your child had any serious illness, surgery or physical handicaps that have been identified?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>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

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