



Registration Form

Please complete the form entirely. \$50.00 Registration Fee due (non-refundable)

Date: _____

Child's Name: First _____ Middle _____ Last _____

Goes by _____

Home Address _____ City _____ Zip _____

DOB _____ Age _____ Sex _____ T-shirt size _____

Parent/Guardian Information

Mother/Guardian Name _____

Occupation _____

Address _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Email _____

Father/Guardian Name _____

Occupation _____

Address _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Email _____

Do you regularly attend church? yes/no If so, where _____

Person Responsible for Tuition _____

Who will pick up your child on a regular basis:

Name _____ Relationship _____ Phone _____

(More on back)

Names of others who are allowed to pick up your child from Preschool.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In Case of Emergency Contact:

Name _____ Relationship _____ Phone _____

Medical Information including Allergies

Medical Release

As the parent and/or guardian of _____ name of child, I authorize treatment under the direction of any licensed physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue comfort if delayed. This authority is granted only after an attempt has been made to reach me first by phone at the number listed below.

Parent Signagure: _____ *Date* _____

Parent Phone: _____

Family Phyican's Name _____ *Phone* _____

Hopsital Preference: _____

Photo Release

During the school year, we take pictures of our special events, school day activities and outings. In order to include pictures of your child on our website, literature or end of the year slideshows, DVDs of programs, we must have a signed release from the child's parent or legal guardian. Your child's name will NOT be used in conjunction with their photo. A completed form must be turned in for each child enrolled in the preschool.

"Yes, I grant my permission for my child's photograph to be used for the purposes listed above"

" No, I do not grant my permission for my child's photograph to be used for the purposes listed above"

Parent Signature: _____ Date _____

Please submit this regististation form and a \$50.00 non-refundable registration fee for the upcoming fall school year. Registration forms can be dropped off at the church office or mailed to

Gourd Springs Baptist Church Preschool
4575 Ray Road, Spring Lake NC, 28390