

**PLEASE PRINT
ALL INFORMATION!**

**CHAPEL HILLS PRESCHOOL
REGISTRATION CARD
2023-2024**

Child's Full Name _____ Preferred name _____ M or F D.O.B. _____ Age _____

Mom's Name _____ Dad's Name _____

Home Address _____ City/State/Zip _____

Home Phone _____ E-Mail _____

Dad's Employer: _____ Dad's Cell # _____
Employer phone # _____ Employer address: _____

Mom's Employer: _____ Mom's Cell # _____
Employer phone # _____ Employer address: _____

Emergency Contact #1 _____ Phone # _____
(Other than Parent) Authorized Pickup? Y _____ N _____

Emergency Contact #2 _____ Phone # _____
(Other than Parent) Authorized Pickup? Y _____ N _____

Emergency Contact #3 _____ Phone # _____
(Other than Parent) Authorized Pickup? Y _____ N _____

Doctor's Name _____ Phone # _____

Doctor address: _____

Dentist's Name _____ Phone # _____

Dentist's Address: _____

Any illness requiring regular medication: _____

Allergies: _____

List any special needs or instructions that will help us better care for your child

I give my permission for my address & phone # to be released on my child's class list to other parents: YES NO

How did you find out about our program? _____

Church you attend _____

Class Registering for (Circle one)

Two's — Oct. 2, 2020—Oct. 1, 2021

Three's — Oct. 2, 2019—Oct. 1, 2020

Pre-K — Oct. 2, 2018—Oct. 1, 2019

NextStep — Oct. 2, 2017—Oct. 1, 2018

Circle Days registering for: **Monday Wednesday Friday**

=====*Below line for office use only*=====

DATE REG Pd ___/___/___ REG. AMT. _____ Ck# _____ ONLINE PMT _____

STMT. OF HEALTH _____ SHOT RECORDS _____ POLICY BOOK _____ FINANCIAL AGREEMENT _____ MEDIA RELEASE _____

Additional Emergency Contacts/Authorized Pickups

Emergency Contact #4	_____	Phone #	_____
(Other than Parent)	Authorized Pickup? Y _____ N _____		
Emergency Contact #5	_____	Phone #	_____
(Other than Parent)	Authorized Pickup? Y _____ N _____		
Emergency Contact #6	_____	Phone #	_____
(Other than Parent)	Authorized Pickup? Y _____ N _____		
Emergency Contact #7	_____	Phone #	_____
(Other than Parent)	Authorized Pickup? Y _____ N _____		
Emergency Contact #8	_____	Phone #	_____
(Other than Parent)	Authorized Pickup? Y _____ N _____		
Emergency Contact #9	_____	Phone #	_____
(Other than Parent)	Authorized Pickup? Y _____ N _____		