



First Kids Preschool Registration

2016-2017

5 Oak Street, Asheville, NC 28801 (828) 252-4781 ext. 1318
Fax (828) 254-2302

Applying for: ___ **Toddler Class** (Must be at least 15mths by Aug. 31)

TWO (TW or WTH) THREE (T,W,TH) FOUR (M,T,W,TH)

___ **Two Year Old Class** (Must be 2 by Aug. 31st)

THREE(T,W,TH) FOUR(M,T,W,TH)

___ **Three Year Old Class** (Must be 3 by Aug. 31st)

THREE(T,W,TH) FOUR(M,T,W,TH)

___ **Pre-K Class** (Must be 4 by Aug. 31st) – Four Days Only

Registration Paid _____ Check # _____

Child's Name _____ Birth Date ____/____/____ Gender: M or F

1. Parent/Guardian's Name _____

Home Phone _____ Cell Phone _____

Address (Street/City/State/Zip) _____

Where Employed _____ Business Phone _____

Email _____

2. Parent/Guardian's Name _____

Home Phone _____ Cell Phone _____

Address (Street/City/State/Zip) _____

Where Employed _____ Business Phone _____

Email _____

Parents' relationship to each other:

Married Divorced Separated Single

Has parental custody been changed?

No Yes, and a copy of any judgment, order custody decree, visitation schedule, etc. is attached.

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name	Street Address
Home Telephone	City, Zip
Cell Phone	Employer/Occupation
Work Phone	Special Instructions

Name any other persons who are authorized to pick up your child upon presentation of identification: *(if anyone not listed will be picking up your child, a written permission form will be required)*

Name	Address	Telephone Number(s)	Relationship to child

Please read and initial each of the following authorizations concerning medical care:

_____ I hereby authorize the staff of First Kids Preschool to administer basic first aid to my child in the event of minor cuts and bruises, including but not limited to cleaning the wound with disinfectant, and covering with a self-adhesive bandage.

_____ In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize First Kids Preschool staff to transport my child for treatment at an Emergency Room and I give consent for any and all treatment deemed necessary by the attending physician.

_____ I hereby authorize any health care provider involved in the care of my child to communicate directly with staff of the First Kids Preschool concerning my child.

Miscellaneous

Please read and initial each of the following authorizations:

_____ I hereby authorize First Kids Preschool to photograph my child, and to reproduce and use such likenesses in church-related publications, including public advertisements for the Preschool.

_____ I hereby authorize First Kids Preschool to share my contact information with other preschool families. (This would only be for the purpose of birthday invitations)

To reserve a spot in the First Kids Preschool, this form must be completed, signed, and returned with a \$75.00 non-refundable registration fee. Checks should be made payable to First Baptist Church of Asheville. The completed health form with immunization schedule should be submitted on or before the first day of school.

Parental Signature

Date

Medical History

Is your child allergic to anything? No____ Yes____ If yes, what? _____

Does your child require an Epi Pen for this allergy? No____ Yes____

Is your child currently under a doctor's care? No____ Yes____ If yes, for what reason? _____

Is your child on any continuous medication? No____ Yes____ If yes, what? _____

Has your child had previous hospitalizations or operations? No____ Yes____

If yes, when and for what? _____

Has your child had significant previous diseases or recurrent illness? No____ Yes____

If yes, then what/when? _____

Does your child have any physical disabilities? No____ Yes____ If yes, please describe: _____

Does your child have any mental disabilities? No____ Yes____ If yes, please describe: _____

Is your child current on their vaccine schedule? Yes____ No____

If yes, please provide a copy of your child's most current vaccine record if we do not already have on file.

If no, please explain (A vaccine exemption form will need to be signed and kept on file): _____

Signature of Parent or Guardian _____