



**"Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these."**

Matthew 19:14

## Chester Baptist Preschool 2021-2022

### Student Registration Form

*Please complete the following information to register your student for the upcoming school year. **Please print legibly** so that we can ensure that all information is correctly entered into our system.*

#### STUDENT INFORMATION

Child's First Name: \_\_\_\_\_ Child's Middle Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ Right handed \_\_\_\_\_ Left handed \_\_\_\_\_

Name Child prefers to be called: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's age as of September 30, 2021 \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Does your child have allergies? If so, please list: \_\_\_\_\_

Does your child take medications? If so, please list: \_\_\_\_\_

Does your child have any medical conditions (asthma, etc.)? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Cell Phone Number: \_\_\_\_\_

Emergency Contact Relation to the student: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Physicians Phone Number: \_\_\_\_\_

Do we have permission to contact your physician if we can not reach you? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Preferred Hospital? \_\_\_\_\_

<i>Office Use Only</i>	
Amount paid _____	
Date received _____	
Received by _____	
Check# _____	
Check date _____	
Online payment _____	

Sibling Name: \_\_\_\_\_ Sibling Age: \_\_\_\_\_  
Sibling Name: \_\_\_\_\_ Sibling Age: \_\_\_\_\_  
Sibling Name: \_\_\_\_\_ Sibling Age: \_\_\_\_\_

**PARENT/CARE GIVER INFORMATION**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Care Giver Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ VA(zip code) \_\_\_\_\_  
Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone Number: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Mother's Work Number: \_\_\_\_\_ Father's Work Number: \_\_\_\_\_  
Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_  
Caregiver email (i.e. grandparents who drop off, etc.) : \_\_\_\_\_

**DROP OFF/PICK UP INFORMATION**

Persons other than parents/legal guardians who may pick up your child; child may only be released with the following individuals unless a written/emailed note is sent to the Director prior to the child leaving school. **Individuals picking up must present ID at pick up.**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In order for your child to be fully registered, a copy of your child's current immunization record, as well as the school entrance health form must be completed by your physician and turned into the Director. Also, you will need to show the Director a copy of your child's birth certificate. Payment for the first month's tuition is due within 30 days of submitting your registration form.

I would like to receive emails and/or mailings from Chester Baptist Church regarding children's activities.

Yes \_\_\_\_\_ No \_\_\_\_\_