

**2021-2022 GVBC  
PRESCHOOL REGISTRATION**

**For Administrative Use Only**

Reg. Fee \_\_\_\_\_ CK#/Cash \_\_\_\_\_  
Rec'd by \_\_\_\_\_ Date \_\_\_\_\_

Enrolling for (circle one): Toddlers (MWF)    2's (MWF)    3's (MWF) or (M-F)    4's (MWF)    4's (M-F)

Monthly Tuition: 1 Day = \$ 65    Registration Fee: \$ 40 Due at time of registration (non-refundable)  
2 Days = \$100    \$ 20 for any additional children in same family  
3 Days = \$150  
5 Days = \$190

Activity Fee:    \$ 5 for the 2 year old class  
\$ 30 for 3 & 4 year old classes  
(Does not have to be paid with registration.)

Child's Full Name: \_\_\_\_\_ Name Used: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status of Parents:    \_\_\_\_\_ Married    \_\_\_\_\_ Widowed    \_\_\_\_\_ Separated    \_\_\_\_\_ Divorced

Please list any custody/visitation arrangements: \_\_\_\_\_  
\_\_\_\_\_

Parent's Occupation: Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Person(s) to be notified in case of an emergency: *Relative or friends (Local)*

Name	Relationship	Phone Number
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1) \_\_\_\_\_

2) \_\_\_\_\_

Church Affiliation or Preference: \_\_\_\_\_

Brothers (name and age of each): \_\_\_\_\_

Sisters (name and age of each) : \_\_\_\_\_

Adults in Home Besides Parents: \_\_\_\_\_ Relation: \_\_\_\_\_

Has your child been enrolled in a preschool/daycare before? If so, when and where?

Is your child toilet trained? \_\_\_\_\_

Does your child have any special fears/anxieties that we should be aware of? If so, please describe.

Please list any special interests/play activities of your child: \_\_\_\_\_

Is any language other than English used in the home? If so, please describe. \_\_\_\_\_

Persons authorized to pick up your child:

Name	Relationship	Phone Number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Child's Doctor: \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

List Any Allergies: \_\_\_\_\_

I hereby give permission for you to administer general first aid, i.e.. Antiseptic cream and band-aids. In the event of an illness or accident, which requires immediate medical treatment, at a time when a parent cannot be located, I give permission for Glenn View Baptist Preschool Personnel designated by the Director to authorize treatment. I will not hold the center nor medical personnel responsible. This is done with the understanding that every attempt will be made to contact the parents, the child's physician, and other persons listed for emergency contact.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Immunization Requirements**

A medical record of your child's immunization must be on file in the Preschool Director's office prior to the first day of school. For the children's safety, there will be no exceptions to this rule.

# Medical Form to be Completed by Health Care Provider

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

List any allergies (food, insect stings, medicine, etc.)

\_\_\_\_\_

Is this child in good health and physical condition? \_\_\_\_\_ Yes \_\_\_\_\_ No (please explain)

\_\_\_\_\_

\_\_\_\_\_

Does this child have any health problems or other conditions that would affect his/her participation in preschool? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special attention or care needed: \_\_\_\_\_

\_\_\_\_\_

Does this child have any communicable diseases? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is this child current on all immunizations for his/her age? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*\*Please attach a copy of immunizations and dates given\*\*\***

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

Health Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_