

St. John's Episcopal Church Preschool

1219 Forest Hills Drive Wilmington, NC 28403

Phone 910-762-5273 Fax 910-762-1559

Name of child _____ Name used _____

Sex: M() F() Date of Birth: Month _____ Day _____ Year _____ Age _____

Address _____

City _____ State _____ Zip _____

Phones: Home _____ Cell Phone _____

Father's Name _____ Occupation _____

Employed by _____ Phone _____

Mother's Name _____ Occupation _____

Employed by _____ Phone _____

In case of medical emergency, when neither parent is available, call:

Name _____ Phone _____

Name _____ Phone _____

Doctor _____ Phone _____

My child may be released to the following persons: _____

Parent or Guardian Signature

Name _____ Phone _____

Name _____ Phone _____

List any allergies your child has as well as any dietary restrictions:

_____ Asthma? _____

List any physical problems of which the teacher should be aware:

Are your child's immunizations current? _____

I give St. John's Episcopal Church Preschool my permission to obtain emergency attention for the child named. I will not hold the preschool responsible. This is done with the understanding that every attempt will be made to contact the parents or persons listed. I prefer my child to be taken to _____ hospital. I understand that emergency transportation will be by ambulance and that the provider for this service will bill me. Furthermore, I understand that I am responsible for the primary health and accident insurance coverage of our child while he/she is attending St. John's Episcopal Church Preschool.

In order to expedite such emergency treatment, please list your insurance company and policy number. _____

Parent or Guardian _____

I am enclosing the registration fee of \$70.00 made payable to St. John's Preschool. I understand that this fee is **non-refundable**.

Signed by _____ Date _____

Other children in family:

Name	Age	Birthday	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous school experience _____

Religious Preference _____ Member of _____

Please include any comments, which would aid us in serving you and your child, which have not been included elsewhere.