



## Registration Form

<b>PERSONAL INFORMATION</b>	
Child's Name:	Goes By:
Birthdate:	Male / Female
Home Address (including city and zip code):	
With whom does the child reside:    Mother    /    Father    /    Both    /    Other:	
Father's Name:	Employer:
Home Phone:	Work / Cell Phone:
Father's Email:	
Mother's Name:	Employer:
Home Phone:	Work / Cell Phone:
Mother's Email:	
<b>EMERGENCY MEDICAL INFORMATION</b>	
In an emergency, when a parent cannot be reached, contact:	Phone Number:
Emergency contact's relationship with your child:	
Doctor's Name:	Doctor's Phone Number:
Allergies:	
Medical Problems / Issues:	

CONTINUED ON BACK...

<b><u>OTHER INFORMATION</u></b>
What state of potty training is your child?
What comforts your child when upset?
Siblings and ages:
These individuals may pick up your child:
Other relevant information we need to know about your child:
Church You Attend:

***All the information on this form is accurate and correct. I understand that this application must be completed and returned along with a \$50.00 non-refundable deposit (check or money order) to guarantee my child's placement for the 2019/2020 school year. I agree to grant permission to the staff to meet the needs of my child in case of emergency.***

**1) My child's immunization records are attached. Yes                  No**  
**(We must have these before preschool begins.)**

**2) Please attach any custody papers or restraining orders, if applicable.**

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date Submitted

For more information, please contact us:

Maple Hill church of Christ  
www.maplehillchurch.org  
(615) 444-1544  
102 Maple Hill Road  
Lebanon, TN 37087  
katie.tignor@maplehillchurch.org

**I am interested in learning more about the Maple Hill church family and their love for Christ.**

**Yes                  No**