



Registration Form

<u>PERSONAL INFORMATION</u>	
Child's full name:	Child 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/Cell:	Work:
Father's Email:	
Mother's Name:	Employer:
Home/Cell:	Work:
Mother's Email:	
Any other email that you would like for us to include on our email list (such as a grandparent):	
Contact name and email or number from previous school/daycare:	
<u>EMERGENCY MEDICAL INFORMATION</u>	
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 Issues:	

CONTINUED ON BACK...

OTHER INFORMATION	
What stage 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:	

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

Parent's Signature _____ Date Submitted _____

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Yes **No**