

Registration Form

PERSONAL INFORMATION			
Child's full name:	Child goes by:		
Birthdate:	Male / Female		
Home Address (including city and zip code):			
	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: EMERGENCY MEDICAL INFORMATION			
In an emergency, when a parent cannot be reached, cor	ntact: 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:

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 2024/2025 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