A Ministry of Clay Church

2012-2013Registration

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____

City, State, Zip Code _____

Father's Place of Employment

Work Phone_____

Cell Phone_____

Mother's Place of Employment_____

Work Phone_____

Cell Phone _____

In case of an emergency, notify:

1 _____ Phone _____

2 _____ Phone _____

Physician _____

Allergies _____

Hospital Choice _____

Flexible Preschool Summer Session: (*Mark am, pm or All Day)*

_____ Mon _____ Tues _____ Wed _____ Thurs

Flexible Preschool School Year: *(Mark am, pm, or All Day)*

_____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Traditional Preschool: *(Place an "X" in the appropriate box)*

____ 3 Yr/am ____ 3 Yr/pm ____ Pre-K 4am ____Pre-K 4pm ____ Pre-K 5 am

Lunch Bunch: ____Mon ____ Tues ____Wed ____Thurs ____Fri

After School: ____Mon ____ Tues ____ Wed ____Thurs ____Fri

Before School Care: ____Mon ____ Tues ____ Wed ____Thurs ____Fri

(7:30 am– 8:30 a.m.)

Extended Care: ____Mon ____Tues ____Wed ____Thurs ____Fri

(5:00p.m.-5:30 p.m.)

Full –day Kindergarten *(please circle)*

I authorize the staff of the Clay Church Early Childhood Programs to obtain emergency medical treatment deemed necessary for my child(ren) when he/she is left in their supervision. ***I have read and agree to comply with the financial policies for the program (s) in which my child is enrolled.***

Date_____ Signature_____

Record Date of Immunizations

	1	2	3	4	5
Hep B					
DtaP/DTP/Td					
Hib					
MMR					
IPV					
Varicella					
PCV/Prevanar					

NOTE: To be considered adequately immunized, a child of age 18 months or older should have received at least four DTP inoculations, three trivalent oral polio feedings, and inoculations against measles, mumps, and rubella. It is also recommended that children under the age of five years receive the HIB (Haemophilus Influenzae) Immunization. (* Required by Rule.)

Allergies/Limitations: _____

Chronic Health Conditions: _____

ADDITIONAL NOTES AND INSTRUCTIONS

_____

_____

_____