

**NEW
STUDENT
2017-2018**



FOR DIRECTOR'S USE ONLY:

Child's Age in Sept. 2017 _____ Assigned Days: _____ Age Group: _____

Date Received: _____ Registration fee paid by: Cash Check # _____

APPLICATION FOR ADMISSION / EMERGENCY CARE AUTHORIZATION

Child's Name: _____ Nickname: _____ Male Female

Date of Birth: _____ Parents: _____
(father) (mother)

Address: _____ Zip: _____

Mom: Primary Phone: _____ Alternate Phone: _____

Dad: Primary Phone: _____ Alternate Phone: _____

E-Mail Address: _____

Church Membership: _____
Church Name Denomination

Please include our information in school/class directory Yes No

Emergency Contact (other than parents):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

List previous school(s) child has attended: _____

Child's age as of **September 30, 2017**: _____ I would like to register my child for (please check your choice):

PART-TIME 9 am – 1 pm

- | | | | |
|--------------------|---------------------------------------|--------------------------------------|--------------------------------|
| 1 year old | 2 day (T/Th) <input type="checkbox"/> | 3 day (MWF) <input type="checkbox"/> | 5 day <input type="checkbox"/> |
| 2 year old | 2 day (T/Th) <input type="checkbox"/> | 3 day (MWF) <input type="checkbox"/> | 5 day <input type="checkbox"/> |
| 3 year old | 2 day (T/Th) <input type="checkbox"/> | 3 day (MWF) <input type="checkbox"/> | 5 day <input type="checkbox"/> |
| 4 year old (Pre-K) | 4 day (M-Th) <input type="checkbox"/> | 5 day <input type="checkbox"/> | |
| 5 year old (Jr. K) | 5 day <input type="checkbox"/> | | |

- Optional:
- Beforecare (see attached form)
- Aftercare (see attached form)
- Extended Aftercare (see form)

FULL-TIME

All Ages M-F, 7 am – 6 pm

Name of Family Physician _____ Phone _____

Allergies or history of unusual health issues _____
Please indicate of NONE

The VHBC Preschool Staff has my permission to obtain emergency medical treatment for my child.

When I cannot be contacted, the VHBC Preschool Staff has my permission to call my family physician or emergency services should a need arise.

I understand that **changing** or **dropping** after October 1, 2017 will **not** reduce the original financial obligation in the event of vacancies cannot be filled from waiting list. I further agree to pay all legal expenses incurred in collecting unpaid school fees.

REQUIRED Signature of Parent: _____ Date: _____