



5780 Allison Creek Road
 York, SC 29745
 (803)325-8655
director@allisoncreekpreschool.com
<http://www.allisoncreekpreschool.com>

Allison Creek Preschool 2017-2018 Registration Form

Pre-Registration begins January 17, 2017
 Open Registration begins January 30, 2017
 (Please complete and return with your \$125 registration fee)

General Information

| | | |
|---|--|--|
| Child's Name: | | |
| Date of Birth: | Age on Sept. 1, 2017: | |
| Address: | | |
| City, State, Zip | | |
| Class Choice: | <input type="checkbox"/> Two Day Toddlers Class (Mon, Wed) 8:30-12:30pm <input type="checkbox"/> Two Day Twos Class (Tues, Thurs) 8:30-12:30pm <input type="checkbox"/> Four Day Toddlers/Twos Class (Mon-Thurs) 8:30-12:30pm <input type="checkbox"/> Three Day 3 Year Old Class (Tues, Wed, Thurs) 8:30-12:30pm <input type="checkbox"/> Four Day 3 Year Old Class (Mon-Thurs) 8:30-12:30pm <input type="checkbox"/> Four Day 4 Year Old Class (Mon-Thurs) 8:30-12:30pm | |
| Email Address: | | |
| Home Phone: () | Mother's Cell: | Father's Cell: |
| Parents' Names: | | |
| Mother's Place of Employment & Work Phone Number: | Father's Place of Employment & Work Phone Number: | |
| Names & Ages of Siblings Living in the Home: | What experiences do you expect your child to gain from the ACPS Program? | |
| Please add my name to the substitute list. I am available to sub on the following days: | I would like to assist with special events at school: | |
| Child's Health Record (Please attach a copy of immunization record) | | |
| Food Allergies: | Other Allergies: | |
| Please circle any recurring problems your child may have: | <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Asthma <input type="checkbox"/> Bronchitis <input type="checkbox"/> Ear Infections <input type="checkbox"/> Croup <input type="checkbox"/> Strep Throat <input type="checkbox"/> Other: _____ | Please circle any illnesses your child has had: <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Mumps <input type="checkbox"/> German Measles <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Red Measles <input type="checkbox"/> Rheumatic Fever |
| When was your child potty trained? | Does your child have any fears? | |
| Does your child have any medical situations or other problems we should be aware of? | What do you do at home to comfort your child? | |
| Name & Phone # of Child's Doctor: | | |
| I have attached a copy of my child's Immunization record: | <input type="checkbox"/> Yes, current record is attached or <input type="checkbox"/> No, one will be provided before the beginning of the school year | |
| Parent/Guardian Signature: | | Date: |

Authorization for Emergency Information

I hereby grant permission for any staff person from the preschool at Allison Creek Presbyterian Church to take whatever steps may be necessary to obtain emergency medical treatment for my child, _____. These steps include, but are not limited to the following:

- o Attempt to contact parent or guardian
- o Attempt to contact the child's physician
- o Attempt to contact the parent through any of the person's listed below
- o If we cannot contact you, we will call an ambulance OR have the child taken to the Emergency Room at Piedmont Medical Center in the company of a staff person in his/her personal vehicle.

I also understand that I am responsible for any resultant medical treatment expenses.

Emergency Contact Information When Parents Can Not Be Reached

1.Full Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

2. Full Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

| | |
|-------------------------------------|-------------|
| Parent/Guardian Signature: _____ | Date: _____ |
|-------------------------------------|-------------|

Authorization for Release

If my child is to be picked up by anyone other than myself or spouse, I will notify the teacher in writing or in the case of emergency will call the preschool. I understand that anyone listed below may pick up my child provided the school has been notified by my spouse or by me. These individuals must provide a picture ID.

Other Authorized People:

1.Full Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

2. Full Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

| | |
|-------------------------------------|-------------|
| Parent/Guardian Signature: _____ | Date: _____ |
|-------------------------------------|-------------|

Photo & Video Release

We take a lot of pictures here at ACPS. We use these in creating bulletin boards, photo albums, educational projects, and more to show kids having fun, playing and learning. We would like your permission to photograph/videotape your child for use in these projects. Photos will remain the property of ACPS unless otherwise noted.

I hereby (give/ do not give) my permission for any photo/video to be used for marketing, to include but not limited to: albums, bulletin boards, advertisements, etc. for the discretionary use for Allison Creek Preschool.

| | |
|-------------------------------------|-------------|
| Parent/Guardian Signature: _____ | Date: _____ |
|-------------------------------------|-------------|

Address & Phone Number Release

By signing below I grant Allison Creek Preschool permission to publish and distribute my child's name, address, birth date, phone number, and email address in a preschool directory for preschool parents.

| | |
|-------------------------------------|-------------|
| Parent/Guardian Signature: _____ | Date: _____ |
|-------------------------------------|-------------|

Registration Fee

By signing below, I acknowledge the Registration Fee is NON-Refundable.

| | |
|-------------------------------------|-------------|
| Parent/Guardian Signature: _____ | Date: _____ |
|-------------------------------------|-------------|

School Use:

Registration Fee in the amount of ____ paid by ____ received by ____ on ____

Snack Fee in the amount of ____ paid by ____ received by ____ on ____

First Month Tuition in the amount of ____ paid by ____ received by ____ on ____

Other Notes: _____
