

2010-2011
Fort Hill Presbyterian Church Preschool
101 Edgewood Avenue, Clemson, SC 29631

| | |
|-----------------------------|------------------------------|
| FOR OFFICE USE ONLY: | Date Received: |
| Registration Fee: | Letter of Acceptance: |

PLEASE CHECK DESIRED CLASS:

| | | | |
|---------------------------------|---------------------------------|--------------------------------|-------------------------------------|
| 2 YR. OLDS | 3 YR. OLDS | 4 YR. OLDS | 4 YR. OLDS |
| T - TH <input type="checkbox"/> | M-W-F <input type="checkbox"/> | M-W-F <input type="checkbox"/> | M-T-W-TH-F <input type="checkbox"/> |
| | T - TH <input type="checkbox"/> | | |

Are you a Fort Hill Presbyterian Church member? Yes No

Do you have a child currently enrolled at Fort Hill Church Preschool? Yes No

Full Name of Child: _____ Sex: M F

Name child goes by: _____ Birthday: _____

Mailing Address: _____

City State Zip Code

Home telephone #: _____ Email address: _____

Father's Name: _____ Occupation: _____

Father's Business Phone #: _____ Cell Phone #: _____

Mother's Name: _____ Occupation: _____

Mother's Business Phone #: _____ Cell Phone #: _____

Family Doctor: _____ Phone#: _____

Church Affiliation: _____

Previous Nursery - Preschool experience:

Where: _____ When: _____

If parent(s) work, who cares for child? _____

Favorite playthings: _____

What opportunity does child have to be with other children of his/her own age?

Such as:

Sunday School: _____ Other: _____

How many other children in the family? _____

List their names and birthdays below:

Name: _____ Birthday: _____

Name: _____ Birthday: _____

Name: _____ Birthday: _____

Does child have imaginary playmates? _____

Has the child any special fears? _____

Is child allergic to anything? _____

Are there any physical or emotional conditions or data, the knowledge of which would be helpful to the Preschool Staff in better understanding your child?

I hereby give permission for the following persons to pick up my child from Fort Hill Presbyterian Church Preschool during the 2009 - 2010 school year:

| Name | Relationship | Phone # |
|-------|--------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Parent's Signature

Date

I hereby give permission for the persons listed to pick up my child in case of an injury or illness. I understand 911 will be called in the event of an emergency. I agree to assume all financial responsibility.

Parent's Signature

With this application, I enclose a registration fee. If I should find it necessary to withdraw this application, I understand that the registration fee will be forfeited.

Parent's Signature

I hereby give permission for my child to be photographed for use in: artwork, bulletin boards, Fort Hill Church website or classwork required by Clemson University student observers.

Parent's Signature

I understand that Fort Hill Presbyterian Church Preschool is a private school whose goal is to provide a positive, enriching preschool environment. It is therefore the right of the school to dismiss my child at any time that is felt to be the best interest of the overall mission of Fort Hill Presbyterian Church Preschool.

Parent's Signature

Date

Fort Hill Presbyterian Church Preschool does not discriminate on the basis of race, color, religion, national or ethnic origin in admission policies, administration of scholarships or in any school activities.