



Christ's Little Acorns Preschool

2022-2023 Registration Form

Monday – Friday
9am – 1pm

OFFICE REVISIONS

Date: _____ Note: _____

Date: _____ Note: _____

Date: _____ Note: _____

**REGISTRATION FEE IS
NON-REFUNDABLE**

**MAKE CHECKS
PAYABLE TO CLA**

Child's Personal Information

Child's Name: _____ (_____)
First Middle Last Nick Name

Primary Address: _____
Street or P.O Box City Zip Code

Birthday: ____/____/____ ☐ Male ☐ Female

Child Lives With: (circle) Parents Split Custody Mother Father Grandparents Guardian _____
Name

Who is responsible for payments? _____ Phone #: _____

Mother's Information

Mom's Name: _____

Address : (If different) _____

Mom's Workplace: _____

Mom's Work Phone: _____

Mom's Cell: _____

Wants to be on Class Dojo app? ☐ Yes or ☐ No

Can Mom pick up? ☐ Yes or ☐ No

Email: _____

Father's Information

Dad's Name: _____

Address : (If different) _____

Dad's Workplace: _____

Dad's Work Phone: _____

Dad's Cell: _____

Wants to be on Class Dojo app? ☐ Yes or ☐ No

Can Dad pick up? ☐ Yes or ☐ No

Email: _____

Transportation Provided for Child

Person (s) responsible for pickup & delivery of your child. Anyone not listed will not be permitted to pick up your child.
Also, please indicate if they may be used as an emergency contact. **Mom and Dad are assumed unless otherwise noted.**

1. _____ Relationship: _____ Phone: _____
2. _____ Relationship: _____ Phone: _____
3. _____ Relationship: _____ Phone: _____
4. _____ Relationship: _____ Phone: _____
5. _____ Relationship: _____ Phone: _____

Is there anyone who can NOT pick up your child? _____

Are there custody issues we need to be aware of? _____

OFFICE INFO ONLY

CLASS: _____ TEACHER: _____ PHOTO RESTRICTIONS: Y OR N ALLERGIES: N OR Y: _____

REG. FEE: \$ _____ REG. FEE PAID: _____ CASH ONLINE CK# _____ START DATE: _____ DISCOUNTS: _____

QB _____ Act Fee Inv. _____ Email _____ Text _____ NOTES: _____

We use email and the Class DOJO app to communicate with our parents regarding closings, special events and reminders. Please list below anyone else besides parents who would benefit from receiving these messages.

Name: _____ Email: _____ Cell: _____
Name: _____ Email: _____ Cell: _____
Name: _____ Email: _____ Cell: _____

Important Information:

Health issues or special needs: _____

Does your child take daily medication at home? Y or N Name of medication(s): _____

What dosage? _____ How often? _____

Prescribed by whom: _____ Purpose of medication: _____

Does your child have allergies to the following? (please check all that apply)

☐ Bee Stings

☐ Food Allergies

☐ Asthma

☐ Other

Does your child have an epipen? _____

Photo, Video & Social Media Release:

The preschool **will** use pictures & videos of your child throughout the year for, crafts, bulletin boards and take home gifts.

Our **social media policy** is that children are never identified in photos by name.

☐ I **DO** give permission for Christ's Little Acorns Preschool to use pictures/videos of my child in promotional materials and Christ's Little Acorns' website and social media.

☐ I **DO NOT** give permission for Christ's Little Acorns Preschool to use pictures/videos of my child in promotional materials and Christ's Little Acorns' website and social media.

Medical Information:

*Please provide a copy of your child's immunization records & completed health form for our files. If your child is exempt from immunizations, please see office for appropriate forms.

Does your child have medical insurance? _____ YES _____ NO

Name of Medical Insurance Carrier: _____

Policy/Group Number: _____

Are there any special activities that are limited by physician's advice? _____

If yes, please explain: _____

Authorization for Emergency Medical Care

In case of an accident or illness requiring medical attention, the undersigned authorize Christ's Little Acorns Preschool to call a health care provider to take my child, _____ to the nearest hospital or doctor.

Doctor: _____	Print First Name	Print Last Name	Phone: _____
Dentist: _____			Phone: _____
Hospital preference: _____			Phone: _____

It is understood that if possible, these services will be obtained. If parents or preferred healthcare provider cannot be contacted, the preschool is authorized to contact another health care provider. It is also understood that this agreement covers only those situations which, in the best judgment of the preschool, are true emergencies. I agree to be responsible for the cost of such emergency medical care.

Parent/Guardian's Signature _____ Date _____

CONTACT INFORMATION:

405 N. Main Street, High Point, NC 27262 • Phone: 336-889-6169 • www.ChristsLittleAcornsPreschool.org