Grace of Christ Preschool
9 So. 8th Ave., Yakima, WA 98902
(509)248-7940

2018-19
REGISTRATION INFORMATION

Child Enrolled: _____ Goes By: _____
First Name **Middle** **Last Name**

CLASS DESIRED: ☐ 3 Year Old Class ☐ 4 Year Old Class ☐ PreK ☐ 5th Day PreK Option

Non-Refundable Registration Fees:

☐ New Student - $110
(Includes registration fee, t-shirt, bag & supply fee)

T-Shirt Size: ___ Small (6-8); ___Medium (10-12); ___ Large (14-16)

Name to be imprinted on bag: _____
(first name only)

☐ Returning Student - $90
(Includes registration fee and supply fee; Does not include t-shirt or bag)

PLEASE COMPLETE ENTIRE FORM

Child Information:

ADDRESS: _____ CITY: _____ ZIP: _____

Sex: Male Female Birthdate: _____ Home Phone: _____

Child lives with: _____ School District: _____

Mother's Information: (Same as above? ☐ Yes ☐ No)

Last Name: _____ First Name: _____ Middle Initial: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL ADDRESS(S): _____

EMAIL ADDRESS(S): _____

Employer: _____ Occupation: _____

Father's Information: (Same as above? ☐ Yes ☐ No)

Last Name: _____ First Name: _____ Middle Initial: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL ADDRESS(S): _____

EMAIL ADDRESS(S): _____

Employer: _____ Occupation: _____

IMPORTANT! CONTINUED ON BACK SIDE!

CHILD'S NAME: _____

Medical Information: (update every year and attach copy of immunization record)

Date of Immunizations:

DTaP: 1 _____ 2 _____ 3 _____ 4 _____

Measles, Mumps, Rubella: 1 _____ HIB: 1 _____ 2 _____ 3 _____ 4 _____

Hepatitis B: 1 _____ 2 _____ 3 _____ (must begin series before kindergarten)

Child's Doctor: _____ Phone: _____

Does your child have any hearing or vision problems? _____

Does your child have any allergies? _____

Any other condition we should know about? _____

Any continued medications your child will be taking? _____

Does your child have an Epi-Pen and will you be supplying one for school? _____

Does your child have any other special medical needs? _____

EMERGENCY INFORMATION:

If parents cannot be reached, whom may we call?

Name: _____ Phone: _____
(home) *(cell)*

Address: _____ Relationship: _____

Other adults authorized to pick-up:

Name: _____ Phone: _____
(home) *(cell)*

Name: _____ Phone: _____
(home) *(cell)*

I give permission for photographs and/or video footage of my child be used by Grace of Christ Preschool and/or Grace of Christ Presbyterian Church for the purpose of illustration, advertising, or publication in any manner: Yes _____ No _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

To be completed by staff:

Date Registered: _____ Class Registered: _____ Registration No: _____

Registration Fee Rec'd: _____ Amt Rec'd: _____ Registration Packet Rec'd: _____