

Angel's Nest Playschool Registration Form

Child's Name _____ Name to be called: _____

Gender: _____ Date of Birth: _____ (mm/dd/yyyy) Age: _____

Address: _____

Home Telephone Number: _____ Email: _____

Mother's Name: _____ Cell#: _____

Occupation: _____ Work#: _____

Father's Name: _____ Cell#: _____

Occupation: _____ Work#: _____

Emergency Name and Telephone Number

Current Marital Status: (circle one) Married Separated Divorced Widowed

Child lives with: (circle one) Both Parents Mother Father Other

Note: Proof of custody is required for our records if child does not reside with both natural parents. We will adhere to all court ordered custody decrees as stipulated by Georgia Law.

List names and phone numbers of people who will pick up your child:

Please circle day and time for which you are registering your child:

9:00 am to 12:00 pm 9:00 am to 1:00 pm Monday Tuesday

Wednesday

9:00 am to 2:00 pm 12:00 pm to 2:00pm Thursday Friday

Names and ages of other children in the family:

1. _____

2. _____

3. _____

Please list any allergies, fears or health problems: _____

Parental Consent:

I give my permission for my child/children to receive emergency medical treatment at the discretion of the Angel's Nest Playschool Staff until parent or guardian can be reached. Further, I consent to my child/children participating in all activities within and outside the church. I will not hold Powder Springs First United Methodist Church or its representatives responsible for injuries or accidents that might occur to my child/children.

Signature: _____ **Date:** _____

Photo Release:

I grant permission for my child's photograph to be printed in publications for Angel's Nest promotions and crafts.

Signature: _____ **Date:** _____

***The following items must be received prior to your child/children attending Angel's Nest:**

Registration Fee: _____ **Date Paid:** _____ **Cash** _____ **Check** _____

Immunization Form received _____ **Date:** _____