



Registration Form

2020-2021 School Year

Green Room	Red Room	Orange Room	Blue Room	Blue Room	Blue Room	Purple Room
Pre-K/ 4 year (Daily) \$220/Month	5 Day/3 Year (Daily) \$215/Month	3 Day/3 Year (M/W/F) \$185/Month	5 Day/ 2 Year (Daily) \$225/Month	3 Day/ 2 Year (M/W/F) \$185/Month	2 Day/ 2 Year (T/Th) \$160/Month	2 Day/ 1 Year (T/Th) \$160/Month
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's Full Name _____

Name child uses _____ Birthdate ____/____/____ Male Female

Home Address _____ City _____ Zip code _____

Home Phone _____ Email _____

Parent/Guardian's Name _____ Place of Employment _____

Work Phone _____ Cell _____

Parent/Guardian's Name _____ Place of Employment _____

Work Phone _____ Cell _____

Does your family have a home church? _____ If so, name of church: _____

Child T-Shirt Size _____ Language(s) Spoken at Home _____

Please use the following space to list, in order, the names and contact information for those, other than you or your spouse, who have permission to pick up your child from school or who may be reached, if you cannot be contacted, in the unlikely event of an emergency.

Name	Home Phone	Cell Phone	Relationship to Child

I hereby give permission for the staff of First Presbyterian Church, First Presbyterian Early Learning Center and/or any necessary medical personnel to meet the needs of my child in the event of an emergency.

Parent Signature _____ Date ____/____/____

I have read and understand the attached registration information sheet, regarding registration requirements and tuition payments.

Parent Signature _____ Date ____/____/____

Medical Information

Doctor: _____ Phone Number: _____

Allergies: _____

Other medical conditions we should be aware of: _____

Does your child take any medication on a regular basis? _____ If yes, please specify: _____

Additional Information

How did you hear about FPELC? _____

Has your child attended a preschool or daycare center? Where? _____

What are some of your child's favorite things? _____

Is there anything we should be aware of that scares your child? _____

Is there anything in particular that comforts your child? _____

I am authorized to provide the following consent for _____ (name of child). I, _____ consent to First Presbyterian Early Learning Center (FPELC) to use, reproduce, and/or publish my child's work, pictures, or video (that includes my child) in various publications and media including but not limited to the FPELC website (www.fpelc.org) and FPELC Facebook page. FPELC may use my child's work, pictures, or video (including my child) in any manner it deems appropriate. I waive and release FPELC, its officers, agents, and employees from any liability resulting from or connected with the use, reproduction and/or publication of my child's work, pictures or video (that includes my child). This authorization will remain effective unless and until it is withdrawn by me in writing and delivered to the Director of FPELC.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Official Use Only		
Registration Fee Paid	Activity Fee Paid	Immunization Form Received