



Presbyterian Weekday Preschool

Brevard-Davidson River Presbyterian Church

249 East Main Street, Brevard, NC 28712

828-884-9298 EXT. 27 Email: pwpreschool@comporium.net

2021-2022 SCHOOL YEAR

PLEASE PRINT CLEARLY

DATE: _____

Child's Full Name: _____

Goes By Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Gender(check one): Female Male

Fall Class Choice (please check one)

Infants M-F () M/W/F () T/TH ()

Toddler M-F () M/W/F () T/TH ()

Twos M-F () M/W/F ()

3/4 Combo M-F () M/W/F ()

Threes M-F ()

Fours M-F ()

(Children in the two, three, and four- year old classes must reach that birthday by **August 31, 2021**. Toddlers should be one year old by **July 1, 2021** to be placed in that class.)

Family Information:

Parents Marital Status (check one): Married Separated Divorced Other

Father's Name: _____

Address (if different): _____

Telephone # (if different): _____ Cell Phone #: _____

Father's Occupation: _____ Employer: _____

Employer Address: _____ Employer Phone #: _____

Mother's Name: _____

Address (if different): _____

Telephone # (if different): _____ Cell Phone #: _____

Mother's Occupation: _____ Employer: _____

Employer Address: _____ Employer Phone #: _____

Sibling Names and Ages: _____

Church Affiliation: _____

Family Email Address: _____

Preferred Method of General Communication: email text phone

Individuals Authorized to Pick Up Your Child:

Name: _____ Relationship: _____ Telephone #: _____

Name: _____ Relationship: _____ Telephone #: _____

Name: _____ Relationship: _____ Telephone #: _____

Other Important Information:

Note any allergies or physical limitations that require special attention: _____

Note Previous Nursery School/play Group/preschool Experience: _____

If/when your child experiences separation difficulty or otherwise becomes distressed in the classroom, tell us what we can do to provide comfort and relieve the distress (i.e. hold, give blanket, distract with toy): _____

Note anything that your child is afraid of: _____

Note any other information concerning behavior, eating, use of toilet, etc. that would be useful to your child's teacher: _____

Financial Responsibility:

By signing below, you are acknowledging that you have read and agree to the terms explained in the Presbyterian Preschool Financial Policy. Your signature also indicates that you have received a copy of this policy for your records.

Please complete the following information:

Person Responsible for Payment: _____

Relationship to child: _____

Address: _____

Telephone: (Day) _____ (Evening) _____

Parent Signature

Signature of Person Responsible for Payment (if other than parent)

We invite you to join our private Facebook page: Brevard Presbyterian Weekday Preschool

Preschool Use Only:

Date Registration Fee Received: _____

Check #: _____

Starting Date: _____

COMBO Class Age: _____

FORMS RECEIVED:

Financial Policy _____ Immunization Form _____ Field Trip/ Medical _____

Student Emergency Card _____ Information Verification Form _____

Publishing Release _____