



# Presbyterian Weekday Preschool

Brevard-Davidson River Presbyterian Church

249 East Main Street, Brevard, NC 28712

828-884-9298 EXT. 27 Email: [pwpreschool@bdrpc.org](mailto:pwpreschool@bdrpc.org)

## 2022-2023 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 (  ) T/TH (  )

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

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

(Children in the two, three, and four- year old classes must reach that birthday by **August 31, 2022**. Toddlers should be one year old by **July 1, 2022** 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 #: \_\_\_\_\_

**DATE:** \_\_\_\_\_

**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)**

\_\_\_\_\_  
Date:

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

**Preschool Use Only:**

Date Registration Fee Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Starting Date: \_\_\_\_\_

**FORMS RECEIVED:**

Financial Policy \_\_\_\_\_ Immunization Form \_\_\_\_\_ Field Trip/ Medical \_\_\_\_\_

Student Emergency Card \_\_\_\_\_ Information Verification Form \_\_\_\_\_

Publishing Release \_\_\_\_\_