



2019-2020 School Year

Cold Springs Preschool
 2550 Cold Springs Road, East,
 Concord, NC 28025

For office use only:	Date: _____
	Class: _____
	Registration Fee paid _____

Phone: 704-782-1875; Fax: 704-793-4629; Email: preschool@coldspringsumc.org

Child's Full Name: _____

Name called: _____ Boy _____ Girl _____

Date of Birth: _____ Current Age _____

Address: _____

Regularly checked email: _____

Select:	Class	Days	Cost
	1's	T/TH	\$125
	1's	T/W/TH*	\$170
	2's	T/TH	\$125
	2's	M/W/F	\$170
	2's	T/W/TH	\$170
	2's	M-F	\$205
	3's	T/TH	\$125
	3's	M/W/F	\$170
	3's	T/W/TH	\$170
	3's	M-F	\$205
	4's	M-F	\$205

- Select which class you are registering for and return this form with the registration payment to secure enrollment.
- **Registration Fee \$60** (\$10 off registration fee if registered by April 18, 2019) (Non-refundable).
- **Preschool hours: 8:45am—12:30pm.**
- You provide a peanut-free lunch for your child.
- All children must be the classroom age by August 31 and **be current on immunizations.**
- When registering my child for preschool, I understand it is a 9-month commitment. The annual tuition is broken down into 9 equal monthly payments. The first month's tuition is due by August 1 and then on the 1st-5th of each month, September—April.
- *We must have at least 3 children enrolled in the 1-year old class by August 1, 2019 to offer this new 3-day class option.

Child lives with: Both parents Mother Father Other: _____

Mother's/Guardian's Name: _____

Address (if different from above): _____

Cell #: _____ Email: _____

Home #: _____ Preferred method of contact: (please circle)

Work #: _____ Cell # Home # Work # Email

Father's/Guardian's Name: _____

Address (if different from above): _____

Cell #: _____ Email: _____

Home #: _____ Preferred method of contact: (please circle)

Work #: _____ Cell # Home # Work # Email

Child's Name: _____

In case of emergency (if mom/dad are not available):

Name: _____ Relationship: _____

Cell #: _____ Other #: _____

Name: _____ Relationship: _____

Cell #: _____ Other #: _____

Name: _____ Relationship: _____

Cell #: _____ Other #: _____

Physician Information:

Name of Child's Doctor: _____

Physician's Phone #: _____

Name of Child's Dentist: _____

Dentist's Phone #: _____

Emergency Consent:

I give my permission to my child's teacher or Preschool Director to authorize Emergency care for my child in the event: No family emergency contacts can be reached, the child's family physician can't be reached, or the Preschool staff deems the situation to be an emergency.

Parent/Guardian signature: _____

Date: _____

I give permission for my child's photo to be used for school projects, displays or programs.

Yes No

I give permission for my child's photo to be displayed in the church hallways.

Yes No

I give permission for my child to take campus walks with supervision.

Yes No

Child's Name: _____

Medical History

Will medical devices be provided to preschool? Yes No

If yes, in case of emergency, my child will have the following medical devices at school provided by the parent/guardian:

(Please circle) Epi-pen Asthma Inhaler Other: _____

Does your child have any known health concerns (i.e. asthma, allergies, chronic health issues, developmental delays, etc.)? Yes No If yes, please explain: _____

Please list your child's allergies: _____

My child will be up-to-date on all immunizations by the first day of school. Yes No

ATTACH A COPY OF YOUR CHILD'S CURRENT IMMUNIZATIONS TO THIS FORM.

Date of last physical exam: _____

Has your child been diagnosed with any medical conditions the preschool should be aware of?

Yes No If yes, please indicate: _____

Parent/Guardian signature: _____

Date: _____