



# 2020-2021 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	\$135
	1's	T/W/TH*	\$175
	2's	T/TH	\$135
	2's	M/W/F	\$175
	2's	T/W/TH	\$175
	2's	M-F	\$210
	3's	T/TH	\$135
	3's	M/W/F	\$175
	3's	T/W/TH	\$175
	3's	M-F	\$210
	4's	M-Th	\$195
	4's	M-F	\$210

- 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 15, 2020) (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, 2020 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: \_\_\_\_\_