

Please check which age group your child will be in as of Sept. 1st and circle which class you prefer:

- | | | |
|---|--|--|
| <input type="checkbox"/> Baby (6 – 11 months) | Monday/Wednesday class | <input type="checkbox"/> Add extra days if available |
| <input type="checkbox"/> Baby (12-16 months) | Tuesday/Thursday class | <input type="checkbox"/> Add extra days if available |
| <input type="checkbox"/> Toddler (17-23 months) | Mon./Wed. class OR Tues./Thurs. class | <input type="checkbox"/> Add extra days if available |
| <input type="checkbox"/> 2 year olds | Mon./Wed. class OR Tues./ Thurs. class | <input type="checkbox"/> Add extra days if available |

Registration Fee \$125 (Non-refundable).....Check# _____

Adventure Ark Playschool Prince of Peace Registration Form

Name of Child: _____ Sex: _____

Date of Birth: _____ Age as of Sept 1st: _____

Address: Street _____
City _____ State _____ Zip _____
Home Phone: _____

Father's Name: _____

Place of Employment: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____

Place of Employment: _____

Work Phone: _____ Cell Phone: _____

Preferred Email for Communication: _____

Other Children in the Family & their ages: _____

Do you have any pets? Yes or No

If yes, what are their names? _____

Church Affiliation: _____

Member of Prince of Peace Church: Yes or No

Has your child had any contagious diseases, serious accidents, or operations? _____

Please share any information about your child that may be helpful for your child's teacher _____

Any Known Allergies: _____ Asthma: _____

Frequent Nose Bleeds: _____ Fevers: _____

Physical or Mental Problems: _____

Are there any physical reasons for you child not to participate in normal playschool activities? Y or N
If yes, please explain: _____

Person(s), other than parents, we may call in case of emergency or illness:
(Contacts must be within a 30-mile radius)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Person(s) who have permission to pick up your child from school:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name of child's Physician: _____ Phone: _____

I give permission for my child, _____, to be taken to the nearest emergency room for treatment should there be an emergency situation in which we are unable to reach either parent.

Parent Signature: _____