

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

- Nursery I.....6 – 12 months    Mon. & Wed. Class (only)
- Nursery II.....12 – 17 months    Tues. & Thurs. Class (only)
- Playschool I...18 – 23 months    Mon. & Wed. Class    or    Tues. & Thurs. Class
- Playschool II...2 year olds    Mon. & Wed. Class    or    Tues. & Thurs. Class

Registration Fee \$100 (Non-refundable).....Check# \_\_\_\_\_

## Adventure Ark Playschool Prince of Peace Registration Form

Name of Child: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of Sept 1<sup>st</sup>: \_\_\_\_\_

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: \_\_\_\_\_