

Registration Form for School Year 2010-1011
(Please Print)

Child's Name _____ M / F Age _____ Birthdate _____

Parents' Names _____

Mailing Address _____

City, State, Zip _____

Home Phone _____ Mobile Phone _____

E-mail address _____ Work Phone _____

Emergency Contacts: (please supply names and phone numbers of two adults who can be responsible for your child in the event of sudden illness, emergency closing, etc., if parents are not able to be reached during school hours.)

Name 1. _____

Phone _____ Relationship _____

Name 2. _____

Phone _____ Relationship _____

Food Allergies _____

Medical & Other Allergies _____

Illnesses & Surgeries _____

Special Needs _____

Pediatrician _____ Pediatrician's Phone _____

Pediatrician Office Address _____

Child's Birthplace _____ Date of Child's Last Physical Exam _____

Health Insurance Carrier _____

Group and/or Subscriber Number _____

(Please attach a current list of your child's immunizations and other necessary health documents.)

By signing below, I give my permission to Creation Corner staff members to provide and/or seek treatment for my child in the case of an emergency, including calling local authorities, administering first aid and CPR, and dispensing necessary medications which I have supplied for my child. (e.g. Epipen or drugs for chronic conditions)

Parent's Signature _____

Publicity Consent

I, _____, give permission for me or my son/daughter to be photographed and/or videotaped by Creation Corner Teachers or Christ UMC members. These pictures and/or the footage may be used for publicity purposes for Christ United Methodist Church and/or Creation Corner Preschool and Kindergarten. The photos may appear in local newspapers, the church website, Facebook pages, advertisements, and the church and/or school newsletters. Only first names will be used. It may also be used for teacher training.

I, _____, do not give permission for me or my son/daughter to be photographed or videotaped.

Special requests or instructions regarding this issue: _____

The following adults have permission to transport my child to and from school:

➤ **Please check desired days for TODDLER LEARNING CENTER:** M W F

➤ **Please check desired days for PRESCHOOL MORNINGS:** M T W Th F

➤ **Please check desired days for AFTERNOON ADVENTURES:** M T W

Please return this form with the correct amount in annual fees, as noted below. Tuition payments are made from August to May. Please read "PAYMENT INFORMATION" carefully for complete details. After receipt of this registration form, an Invoice will be issued with complete tuition costs and payment options. Please sign and return by due date.

Toddler Learning Center - Registration Fee: \$40.00 Activity Fee: \$25.00

Preschool - Registration Fee: \$60.00 Activity Fee: \$30.00

DUE DATES:

- First (September) tuition payment is due August 20, 2010; subsequent monthly payments are due on the first Monday of each month.
- Semi-annual payments are due on the first Mondays in August and December.
- All families are responsible for completion of tuition payments by the first Monday in May.
- Refunds are not available for tuition payments.

PAYMENT INFORMATION:

- All tuition payments are to be made in the completed Tuition Envelope. *If you would like to make electronic payments, please notify the office.*
- Checks can be made payable to "Creation Corner".
- Drop payments off at the preschool or mail to 2900 Springfield Rd., Broomall, PA 19008. *(Office hours may vary during the summer. Please call first!)*
- Please note: there will be a \$30.00 service charge for any returned checks.
By signing below, I am confirming that I have read and understand all the information on this form and the terms of this agreement.

Signature: _____

Please return with your payment of registration and activity fees. Your canceled check is your receipt.