Hebron Weekday Preschool Registration Forms

Name of child					
(L Preferred Name	ast)	(First) Sex	(Middle DOB	e) 	
	ering for:4 day 4's 2 day 2's M/W or Tu/Th		day 3's _2 day 1's M/W or Th/T		
Child Resides with:	Both Parents	Father	Mother	Guardian	
Father's Name		Mother's N	ame		
Address					
Home Phone #	Email Address				
Dad's Work #	Mom'sWork #				
Dad's Cell #	Mom's Cel	Mom's Cell #			
Has your child ever attende	ed preschool before?	Yes	No		
If so, where?Why is your child not re-en	nrolling?				
Does your family attend ch	urch regularly? Y/N	Name of Ch	urch		
What primary language do	es your child speak? Er	nglish	Spanish	Other	
Does your child have any poes your child receive an If yes, please explain	y resource services or ir	ntervention inclu		pational or speech therapy?	
Does your child have any a	allergies? Yes/No	Does the alle	ergy require an epip	en? Yes/No	
List allergies					
Does child have a current of A copy of this form must be			n attend school (no	Noexceptions).	
Emergency Information Child's Name:					
		•		nis is VITAL information.	
Name:	Phone				
Physician's Name and tele					

Student Release
Please list below ALL people and their telephone numbers who are authorized to pick up your child/children. Any person wishing to pick up your child must be listed below.
I understand and agree that the when the above listed person(s) pick up my child at the end of the school day Hebron Baptist Church is longer responsible for my child even if the person I have authorized to pick up my child is an employee of Hebron Baptist Church.
Your child/ children must never leave with:
HOLD HADMLESS
HOLD HARMLESS
In the event of an emergency Hebron Baptist Church, employees and/or agents will make every effort to contact me however, should I be unavailable, I do hereby grant permission for Hebron Baptist Church employees and/or, agents to obtain emergency medical attention in case of sickness or injury, to my child.
In consideration for you allowing my child to participate in the Hebron Weekday Preschool: I hereby release, absolve, indemnify, hold harmless, and forever discharge Hebron Baptist Church, its employees, agent or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage to my child as a result of emergency medical decisions made in good faith, by Hebron Baptist Church, its employees, agents, or any supervisors appointed by them.
I agree that any dispute, claim, questions, or disagreement arising out of or relating to said participation in the Weekday Preschool, which can not be otherwise resolved shall be submitted to mediation and if necessary legally binding arbitration as adopted by Hebron Baptist Church's Administrative Pastor. As result, I expressly waive any and all rights at law and equity to bring any civil matter before a court of law, except that judgment upon the award rendered by the arbitrator may be entered in any court have jurisdiction thereof.
NOTICE OF NONDISCRIMINATORY POLICY
Hebron Weekday Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.
Hebron Weekday Preschool is not licensed and is not required to be licensed by the State of Georgia.
We comply with zoning, certificate of occupancy, fire inspection, and health department requirements.
By signing below, I hereby verify the information given on this form is correct.
Parent's Signature Date