

Presbyterian Day School Registration 2017-2018

9:00-2:00 ~ \$125.00

9:00-3:00 ~ \$150.00

8:00-2:00 ~ 150.00

8:00-3:00 ~ 160.00

Child's Name: _____ Birthday: _____ Male ___ Female ___

Address: _____ City: _____ State: ___ Zip: _____

Date of Birth: _____

Mother: _____

Father: _____

Home #: _____

Home #: _____

Work #: _____

Work #: _____

Cell #: _____

Cell #: _____

Employment: _____

Employment: _____

Mother's Email : _____

Father's Email: _____

Church Attending: _____

Persons allowed to pick-up child (other than parents) and Emergency Contacts (please list in order to call)

1. Name: _____

2. Name: _____

Relationship: _____

Relationship: _____

Home #: _____

Home #: _____

Cell #: _____

Cell #: _____

3. Name: _____

4. Name: _____

Relationship: _____

Relationship: _____

Home #: _____

Home #: _____

Cell #: _____

Cell #: _____

***anyone not on this list - Parent must contact the director about a change of pick-up & MUST show ID**

Medical Information:

Doctor: _____ Phone #: _____

Enrollee Name: _____

Insurance Name: _____ Group Number: _____

Hospital: _____

Allergies: _____

Medical Conditions: _____

Please complete this form and return it with the \$45.00 registration fee.

Parent Signature: _____ Date: _____

For Staff Only:

Received by: _____ Date: _____ Amount \$: _____

Check # _____ Cash _____