

WESTMINSTER PRESCHOOL REGISTRATION FORM  
8955 COLUMBIA AVENUE, MUNSTER, IN 46321  
(219) 805-0906, 614-2870 or 838-3131

STUDENT INFORMATION

NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_ SEX: MALE FEMALE (circle)

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIBLING INFORMATION: First name & Age please

NAME \_\_\_\_\_ attended our preschool? YES NO

NAME \_\_\_\_\_ attended our preschool? YES NO

NAME \_\_\_\_\_ attended our preschool? YES NO

CLASS INFORMATION

\_\_\_ TWO days per week TEDDY BEAR CLASS (3 YRS. OLD)\*

\_\_\_ THREE days per week PANDA BEAR CLASS (4 YRS. OLD)\*

\_\_\_ FOUR days per week PANDA BEAR CLASS (4 YRS. OLD)\*

\_\_\_ FOUR days per week KOALA BEAR CLASS (5 YRS. OLD)\*\*

PLEASE CIRCLE ONE: AM CLASS PM CLASS

\*Child needs to be age shown by September 1, 2012

\*\*Child needs to be 5 years of age by November 1, 2012 for Koala Class

A parent or another adult family member/caregiver is required to be a parent helper once a month in the Teddy Bear and Panda classes. If no one is able to help, a \$10.00 monthly fee will be added to tuition.

Are you a member of Westminster Presbyterian Church? YES NO

May we include your name/address/phone on class list? YES NO

**INFORMATION FOR PARENTS: PLEASE READ & SIGN**

The Registration Fee is \$60.00. This fee is NON-REFUNDABLE and is to be attached to this completed form. Please make your check payable to Westminster Preschool.

**\*\*YOUR CHILD MUST BE POTTY TRAINED TO ATTEND SCHOOL**

Please attach a copy of your child's immunization records to this completed form. Your child **MUST** be up-to-date on their shots.

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

(My signature shows that I have read the above information).

**EMERGENCY INFORMATION**

MOTHER'S NAME: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

In the event of an emergency, we would **FIRST** call the parents. If we are not able to reach you, please list in order the persons you would want us to contact.

1. Emergency Contact Person \_\_\_\_\_

PHONE: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Emergency Contact Person \_\_\_\_\_

PHONE: \_\_\_\_\_ Relationship to child \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE#: \_\_\_\_\_

DENTIST'S NAME \_\_\_\_\_ PHONE#: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

OTHER MEDICAL INFORMATION WE SHOULD BE AWARE OF \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We, \_\_\_\_\_, the parent(s) and/or guardian(s) grant permission for our child \_\_\_\_\_ to participate in all activities of Westminster Preschool. We hold the Westminster Preschool and the Westminster Presbyterian Church harmless from any injury which may occur and authorize the representative of the school to obtain emergency medical treatment which may be necessary. In the event that either or both parent(s) or guardian(s) are not available to provide permission for emergency medical treatment deemed necessary, the representative of the school is authorized to approve the same.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed \_\_\_\_\_ Relationship to child \_\_\_\_\_

Signed \_\_\_\_\_ Relationship to child \_\_\_\_\_

**PERMISSION FOR PHOTOGRAPHS/VIDEOTAPING**

\_\_\_\_\_ I do give permission for my child to be photographed or videotaped while at Westminster Preschool or on school sponsored field trips for purposes of promoting Westminster Preschool and its activities.

\_\_\_\_\_ I do NOT give permission for my child to be photographed or videotaped while at Westminster Preschool or on school sponsored field trips for purposes of promoting Westminster Preschool and its activities.

Parents(s)/Guardian(s) Signature \_\_\_\_\_

Date \_\_\_\_\_

For Office Use:

Cash \_\_\_\_\_

Check # \_\_\_\_\_

Date: \_\_\_\_\_