



3031 Long Hollow Pike Hendersonville, TN 37075 615-824-4006 (EXT831)

CHILD'S NAME: _____ BIRTHDAY (MM/DD/YY): _____ SEX: _____
 HOME PHONE: _____ EMAIL: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 MOTHER'S NAME: _____ DOB: _____ CELL PHONE: _____
 FATHER'S NAME: _____ DOB: _____ CELL PHONE: _____
 HOME CHURCH: _____ MEMBER: _____ YES _____ NO
 CUSTODY: _____ BOTH _____ DAD _____ MOM _____ OTHER

LIST NAMES AND DATE OF BIRTH OF BROTHERS AND SISTERS: _____

LIST PERSONS OTHER THAN PARENTS TO BE CALLED IN CASE OF ILLNESS/EMERGENCY OR THAT HAVE PERMISSION TO, WITH SECURITY STICKER, PICK UP YOUR CHILD:

NAME & RELATIONSHIP: _____ PHONE NUMBER: _____
 NAME & RELATIONSHIP: _____ PHONE NUMBER: _____

I UNDERSTAND THE PERSON TO PICK UP MY CHILD IN AN EMERGENCY WILL BE REQUIRED TO SHOW A DRIVER'S LICENSE. I WILL NOTIFY THE LH WEEKDAY PRESCHOOL OFFICE, IN WRITING IF POSSIBLE, EACH TIME ANOTHER PERSON IS PICKING UP MY CHILD. I AGREE TO ABIDE BY ALL OF THE LONG HOLLOW CHURCH PRESCHOOL/ WEEKDAY PRESCHOOL POLICIES. LONG HOLLOW CHURCH/ WEEKDAY PRESCHOOL HAS THE RIGHT TO DENY OR TERMINATE ADMISSION TO ANYONE WHOSE BEHAVIOR IS NOT IN ACCORDANCE WITH THESE POLICIES. I UNDERSTAND THE REGISTRATION FEE IS NON-REFUNDABLE AND I MUST GIVE A TWO-WEEK NOTICE TO WITHDRAW FROM THE PROGRAM.

_____ SIGNATURE OF PARENT OR GUARDIAN

*****MEDICAL INFORMATION*****

PLEASE LIST ANY KIND OF MEDICATION, MEDICAL/ HEALTH PROBLEMS, OR ALLERGIES THAT YOUR CHILD MIGHT HAVE: _____

PHYSICIANS' NAME: _____ PHONE: _____ HOSPITAL PREFERRED: _____

SPECIAL EMERGENCY INSTRUCTIONS: _____

INSURANCE COMPANY NAME: _____ POLICY NUMBER: _____

IN ORDER TO MEET LEGAL REQUIREMENTS, I HEREBY AUTHORIZE A REPRESENTATIVE OF LONG HOLLOW CHURCH PRESCHOOL MINISTRY/ WEEKDAY PRESCHOOL TO GIVE CONSENT FOR ANY AND ALL NECESSARY MEDICAL CARE FOR MY CHILD _____ WHILE SAID CHILD IS IN SAID LONG HOLLOW CHURCH'S CUSTODY.

_____ SIGNATURE OF PARENT OR GUARDIAN

*****SECURITY RESTRICTIONS*****

PLEASE LIST ANY SPECIAL SECURITY RESTRICTIONS THAT MAY AFFECT YOUR CHILD.

I have read and understand that: The Long Hollow Weekday Preschool program is not licensed and is not required to be licensed by the State of Tennessee as a child care agency. X

Signature of Parent or Guardian

Date: _____ Reg. Fee: _____ CK#: _____ CL: _____ Reg. List: _____ BB: _____ Assignment: _____