

**BARTLETT CHAPEL PRESCHOOL
STUDENT INFORMATION SHEET**

Child's Name _____

Name by which they liked to be called _____

Sex _____ Age _____ Date of Birth _____

Home Address _____
Street _____

City _____ State _____ Zip _____

Father's Name _____

Home Phone _____ Work Phone _____

Place of employment _____

Mother's Name _____

Home Phone _____ Work Phone _____

Place of employment _____

Parent or Guardian name, address, and phone, if different than above.

Siblings, names and ages _____

Emergency Name and Number _____

(To be used, if parents cannot be reached in emergency)

E-mail Address _____

Family Doctor _____ Phone _____

Name of person who will be bringing your child to Preschool, if not a parent.

Phone number _____

Church affiliation, if any _____

If your child will be coming from or returning to a babysitter,

Babysitter's name _____

Address _____

Phone _____

Are there any food allergies, medical needs, or other special concerns that we should know?

I agree to comply with the rules and regulations of Bartlett Chapel Preschool including:

* I will comply with the Preschool payment schedule. Registration/supply fee of \$50 must accompany this registration form. Payments are due the first school day of each month. A late fee of \$5.00 will be charged for each week payment is late. All payments and fees are non-refundable and checks should be made payable to Bartlett Chapel Preschool.

* I understand that if my child is absent from the program for illness or other reasons, I will continue to pay tuition unless he/she is formally withdrawn.

* I will notify the director at least 2 weeks in advance should withdrawal become necessary.

* I agree that my child shall be in good health and free of communicable diseases each day he/she participates.

* I understand my child will be taught Christian values, principles, and Biblical stories. I will support this program.

Father's (Guardian's) Signature Date

Mother's (Guardian's) Signature Date

(Both Signatures required)

Class Preference: Morning _____ Afternoon _____ Either _____

Return to Bartlett Chapel Preschool, 4396 E. Main, Avon, IN 46123 with \$50.00 non-refundable registration fee.