



# HICKORY GROVE

EARLY EDUCATION CENTER

## PRESCHOOL REGISTRATION

Child's Full Name: \_\_\_\_\_  
Last First Middle

Child's Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Registration Fee Entered: \_\_\_\_\_

Payment Schedule Entered: \_\_\_\_\_

Class Room Assignment: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

## CLASS CHOICE:

3 Year Old Class: 3 day \_\_\_\_\_, \$200.00 per month  
5 day \_\_\_\_\_, \$290.00 per month

4 Year Old Class: 3 day \_\_\_\_\_, \$200.00 per month  
5 day \_\_\_\_\_, \$290.00 per month

**\$100 Registration Fee (non-refundable)**

### Parent/Guardian Information

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Marital Status:  Married  Separated  Divorced  Single  Widowed/er

Are you a member of a church?  yes  no If yes, where? \_\_\_\_\_

Family's religious preference \_\_\_\_\_

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If child lives with someone other than parents, please specify:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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Billing Party Information:

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ Phone & Email

### Tell Us About Your Child

• Fears: \_\_\_\_\_

• Play Habits: \_\_\_\_\_

• Likes and Dislikes: \_\_\_\_\_

• Eating Behaviors: \_\_\_\_\_

• Home Situation: \_\_\_\_\_

## CHILD RELEASE

**Other than parents, CHILD WILL BE RELEASED ONLY TO PERSONS INDICATED BELOW.**

*(Must include at least TWO local persons to call for illness, accident, late pick-up, or other emergency reasons.)*

**Please list them in the order of preference for us to contact.**

1. Mr./ Mrs./ Ms. \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_  
Home Address: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
City/ State/ Zip: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

2. Mr./ Mrs./ Ms. \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_  
Home Address: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
City/ State/ Zip: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

## EMERGENCY HEALTH AND CARE INFORMATION

Medication is not administered at Hickory Grove Early Education Center.

Name of child's physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of child's dentist: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name and policy number of medical insurance: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Date when child was last examined by a physician: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are all of your child's immunizations up to date?  Yes  No

Are there any health concerns/ issues that we should be made aware of?  Yes  No

Concerns/Issues: \_\_\_\_\_  
\_\_\_\_\_

Allergies:  Yes  No If yes, please list specific allergies: \_\_\_\_\_

## Consent to Medical Care and Treatment of Minor Child

I, \_\_\_\_\_, hereby give permission that my child \_\_\_\_\_, may be given emergency treatment, to include first aid and CPR by a qualified staff member of Hickory Grove Baptist Church. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician can not be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize said center to take my child to a hospital, and I agree that I will pay all physicians and hospital bills, and said center shall not be responsible for them.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

*(See back for release forms.)*

Revised 1/5/17

## FIELD TRIP PERMISSION & RELEASE

This form must remain on file for every child in our program.  
No child will be allowed to leave the church without written parental permission.

• I give my permission for my child to go on any field trip that is to be taken this year.  Yes  No

• I would be able to help when asked, by accompanying my child's group as a helper.  Yes  No

This release will be considered in effect until such time as this student is withdrawn from Hickory Grove Early Education Center Preschool. I hereby release Hickory Grove Early Education Center and staff, my child's teacher and any driver of buses from liability which might result.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## PHOTO & VIDEO RELEASE

I/we give our permission for \_\_\_\_\_ to be photographed/  
*Child's Name*  
videoed during the course of the year at Hickory Grove Early Education Center.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## MOVIE RELEASE

I/we give our permission for \_\_\_\_\_ to watch preschool  
*Child's Name*  
approved movies.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## HICKORY GROVE EARLY EDUCATION CENTER

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HGChristian.org

