

## 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



# 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: \_\_\_\_\_

### HICKORY GROVE EARLY EDUCATION CENTER

#### Harris Campus

7200 E. WT Harris Boulevard, Charlotte, NC 28215  
harriseec@hristian.org • 704-531-4059  
HGChristian.org

#### Mallard Creek Campus

13200 Mallard Creek Road, Charlotte, NC 28262  
mallardcreekeec@hgchristian.org • 704-531-5345  
HGChristian.org

#### FOR OFFICE USE ONLY:

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

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

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

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

### CLASS CHOICE (PLEASE CHECK ONE):

#### Harris Campus

**3 & 4 Year Olds** 3 days (MWF)—\$240 per month       **3 & 4 Year Olds** 5 days (M-F)—\$330 per month

#### Mallard Creek Campus

**4 months - 12 months** 2 days (\$200 per month)       **Walkers - Young 2's** 2 days (\$200 per month)  
 **2 Year Olds** 2 days (\$200 per month)       **3 Year Olds** 2 days (\$200 per month)  
 **4 Year Olds** 4 days (\$280 per month)       **3 Year Olds** 4 days (\$280 per month)

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

### Parent/Guardian Information

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Single  Widowed/er  
Are you a member of a church?  yes  no If yes, where? \_\_\_\_\_  
Family's religious preference \_\_\_\_\_

If child lives with someone other than parents, please specify:  
Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
City/ State/ Zip: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

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

### EMERGENCY HEALTH AND CARE INFORMATION

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 *Please attach an updated copy of immunization records.*

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 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. I hereby release Hickory Grove staff from any and all liability in the event of an accident, medical emergency, or injury which may occur as a result of administering CPR or first aid.

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