

# South River Church Preschool

☺ Please PRINT Neatly ☺

## Student Registration Form

Registration Date \_\_\_\_\_ Your Child's Current Age \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Child's Full Name \_\_\_\_\_  
First Middle Last (List Name Child is to be called at Preschool)

Our Child is a  Boy  Girl My Child will be \_\_\_\_\_ years old on August 31<sup>st</sup> (Children must be 5 yrs. old on/before Aug. 31 to enter Kindergarten)

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Child lives with  Both Parents  Mom  Dad Other \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address PO Box, or Apt. # City State Zip Code

Parent's Email Information \_\_\_\_\_  
Mom's Email Dad's Email

Father's Full Name \_\_\_\_\_  
First Middle Last (Name that Dad goes by)

Father's Employer \_\_\_\_\_ Position: \_\_\_\_\_

Father's Work Numbers, Pagers, Extensions, etc. \_\_\_\_\_

Father's Cell Number ( \_\_\_\_\_ ) \_\_\_\_\_ Mother's Cell Number ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Full Name \_\_\_\_\_  
First Middle Last (Name that Mom goes by)

Mother's Employer \_\_\_\_\_ Position: \_\_\_\_\_

Mother's Work Numbers, Pagers, Extensions, etc. \_\_\_\_\_

Siblings Names and Ages \_\_\_\_\_

Have any siblings attended South River Preschool?  Yes  No Date of Child's Last Physical \_\_\_\_\_

Child's Primary Pediatrician \_\_\_\_\_ Are your child's immunizations up to date?  Yes  No

If immunizations are not up to date, please list reason for us: \_\_\_\_\_

**\*\* We are REQUIRED to have an UPDATED copy of your child's IMMUNIZATION RECORD on file when your child begins Preschool.\*\***

If Immunizations ARE NOT up to date, Parents/Guardians will have to follow the requirements in SRUMC Preschool By-Laws: Article V. (Contact the Preschool for a copy.)

Does your little one have any health or medical conditions?  Yes  No If yes is checked, please explain for us. \_\_\_\_\_

\_\_\_\_\_

\*\*All Registration Information will be kept CONFIDENTIAL between the Preschool Staff.\*\*  
(You may use the back of the sheet if you need more space for any answers.)

Is your child ALLERGIC to ANYTHING?  Yes  No If YES is checked, PLEASE explain in detail. \_\_\_\_\_

Is your child on any MEDICATIONS?  Yes  No If YES is checked, PLEASE list medications and reason medication is taken.

Are there any foods, juices, etc. that your child cannot eat or drink?  Yes  No If so, please list them for us. \_\_\_\_\_

Are there any reasons to limit any types of physical activities?  Yes  No If so, please explain. \_\_\_\_\_

Are there any reasons to limit outdoor activities?  Yes  No If so, please explain. \_\_\_\_\_

What church do you attend? \_\_\_\_\_ City \_\_\_\_\_

Has your child attended Preschool before?  Yes  No Number of years attended \_\_\_\_\_

Name of former Preschool \_\_\_\_\_ City \_\_\_\_\_

Describe your child's experience at Preschool. \_\_\_\_\_

Will this be your child's first separation from home?  Yes  No If so, how do you feel your child will react? \_\_\_\_\_

What are some things we can do to help your child feel at home during the first few days of school? Please list anything that you feel your child would enjoy to help give them a sense of familiarity and security as they settle in with us and their new little friends. Tell us about their favorite toys, books, stuffed animals, characters, activities, etc.

Is your child potty trained?  Yes  No Will your little one let us know when they need to go to the potty?  Yes  No

Please let us know if there are any special words, phrases, or potty habits that may be helpful for the teachers at Preschool to know about.

Is your child afraid of anything? (Ex. Thunder, insects, etc.)  Yes  No Please list. \_\_\_\_\_

Is there anything that you feel your child may need special help with?  Yes  No Please list. \_\_\_\_\_

What are some of your child's favorite snack items? \_\_\_\_\_

How did you find out about our Preschool? \_\_\_\_\_

What are some of your child's favorite activities? (Check all that apply.)

- Coloring     Painting     Cutting with Scissors     Puzzles     Blocks     Art     Music     Books
- Playdoh     Educational Games     Play Groups     Outdoor Play     Imaginary Play     Crafts     Musical Instruments
- Messy Fun     Role Playing     Singing     Playground Fun     Bubbles     Balls     Building Blocks     Sidewalk Chalk

 **Welcome!** 

We are very happy and excited to WELCOME you to our PRESCHOOL family!

Our church has been blessed to provide a Christian Preschool experience for children in our area since 1986.  
We are very excited to have your little one join us next year! We love our children dearly! They are one of God's most special gifts!  
We want you and your child to have a wonderful experience with us!!!  
If there is anything that we can do for you or if you have any questions, please feel free to contact us anytime!

Sincerely,  
South River Church Preschool

**\*\*\*There is a \$40 Registration Fee required with this form to officially register your child for our program.\*\*\***

**(Please make all checks payable to SOUTH RIVER CHURCH PRESCHOOL.)**

(Registration Fees are Non-Refundable.)

Please include your check for Registration along with this form and return it to

**SOUTH RIVER CHURCH PRESCHOOL**  
**2880 South River Church Road, Woodleaf, NC 27054.**

For Information, please contact:

Robinette Steele, Program Director

Preschool Telephone (704) 278-4089    Personal Cellphone (704) 640-1087    Home Telephone (704) 278-9315