<u>2024-2025 Registration Form</u> <u>Aldersgate Week Day School</u>

| Child's Name: | | | | |
|---|------------------------|----------------------|----------------|--|
| (Last) | (First) | (Middle) | (Nickname) | |
| Address: | | | | |
| (Street) | (City) | (State) | (Zip) | |
| Birth Date: | Age: | Sex: M | _ F | |
| **** | ******** | ***** | | |
| Parent 1 Name: | Home # | :: Cell : | # | |
| Address: | | | | |
| (Street) | (City) | (State) | (Zip) | |
| Employer: | Work Phone: | | | |
| Parent 1 Email Address: | | | | |
| rarent i Eman Address: | | | | |
| **** | ******** | ***** | | |
| | | | | |
| Parent 2 Name: | Home #: | Cell : | # | |
| Addross: | | | | |
| Address: (Street) | (City) | (State) | (Zip) | |
| Employer: | _ | | | |
| | | | | |
| Parent 2 Email Address: | | | | |
| | | | | |
| - | | | | |
| List the names of persons who Program: | o are permitted to pic | ck up your child fro | om the Prescho | |
| | | | | |
| | | | | |
| Are vou a member of Aldersga | te United Methodist (| Church? Yes | No | |

| Does your child have any kn | own allergies such as f | food, medications, plants | or |
|--|---|--|------------|
| animals that we should be av If yes, please explain. | | Yes | No |
| Does your child require med | ication to be administo | ered during morning hour | rs? |
| **If yes, please complete a M | ledication Administrat | Yes ion Form.** | No |
| Does your child have any me | edical condition that w | e should be aware of whil | e at the |
| preschool? (I.e. asthma, allo If yes, please explain | <u> </u> | Yes | No |
| Is there anything your child If yes, please list. | | Yes | No |
| Is there any food that you w | ish for child to not rec | | N T |
| If yes, please list. | | Yes | No |
| Does your child have particu | ılar fears or anxieties o | | |
| If yes, please explain | | Yes | No |
| Emergency Care Information | 1: | | |
| Child's Doctor: Office Address: | | ne: | |
| If neither parent can be read situation? | ched, whom should we | contact in case of an eme | ergency |
| (Name) | (Relationship) | (Phone Number |) |
| (Name) | (Relationship) | (Phone Number | •) |
| Parent Statement: | | | |
| With any pediatric emergent I agree that the Director emergency care in the even contacted immediately. **Pl | may authorize the plent that neither I, i | hysician of her choice to nor the family physicia | to provide |
| (Parent Signature) | (Date) | (Parent Signature) | (Date) |