

**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?

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is absent from the program for illness or other reasons, I will continue to pay tuition unless he/she is formally withdrawn.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

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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.