

**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?

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is absent from the program for illness or other reasons, I will continue to pay tuition unless he/she is formally withdrawn.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

Bartlett Chapel Preschool does not discriminate on the basis of race, color, and national or ethnic origin.

Father's (Guardian's) Signature

Date

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 a \$50.00 non-refundable registration fee.