

APPLICATION FOR REGISTRATION

**PEACE CHRISTIAN PRESCHOOL**

**240 W. Ninth Ave.**

**Oshkosh, WI 54902**

-An OASD Pre-Kindergarten Partner-

Please submit a \$50.00 registration fee (\$25.00 of which is non-refundable) when returning this form. Make checks payable to: Peace Christian Preschool. Enrollment is limited.

**Enrollment desired:**

**3/4-Year-Old Class (Tues, Thurs)**

8:30-11:00 a.m.

**3/4-Year-Old Class (Tues, Wed, Thurs)**

8:30-11:00 a.m.

Date: _____	Returning student? Yes No (Circle One)
Name of Child: _____	Sex: M or F (Circle One)
Address of Child _____	Phone _____
City _____	Zip Code _____
Date of Birth _____	Age _____
Name(s) of parent(s)/guardian child resides with: _____	
Father's Name & Address: _____	Phone: _____
Father's Work Place: _____	Work Phone: _____
Mother's Name & Address: _____	Phone: _____
Mother's Work Place: _____	Work Phone: _____
Child's Physician: _____	Phone: _____
Names and ages of other children in family: _____	
Name and relationship to child of any other people in home (i.e. grandparents, step-parents, foster parents/children): _____	

How did you learn about Peace Christian Preschool?

- Newspaper Ad
- Church News (Name Church) \_\_\_\_\_
- Word of Mouth or friend \_\_\_\_\_
- Other \_\_\_\_\_

If you would like to grant permission for your child's name and address to be included on a class roster, please fill in below. This roster will only be shared with other families in the preschool.

Child's Name: \_\_\_\_\_

- Yes, I would like my child's name on the roster.
- No, I would not like my child's name on the roster.

If yes, please fill in the information you would like to share:

Child's Name/Nick Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **MEDICAL CONSENT**

I give my consent for emergency medical care, or treatment to be used only if I cannot be reached immediately.

\_\_\_\_\_  
Signature of Parent or Guardian

### **FIELD TRIP CONSENT**

I understand that field trips may be planned for the children. I give my permission for the above named child to participate in these trips under proper supervision with advance notice of such trips.

\_\_\_\_\_  
Signature of Parent or Guardian

### **PUBLICITY**

Peace Christian Preschool may use the above named child's name and/or picture for publicity, advertising, or informational media presentation and/or training.

\_\_\_\_\_  
Signature of Parent or Guardian

### **PARENT PARTICIPATION**

- I will be a "Parent Volunteer" on field trips.
- I would be willing to furnish a treat for a holiday party.
- I would be willing to be a "Parent Volunteer" for special parties.
- I would be willing to be a "Parent Volunteer" in case of teacher absence or emergency.
- I have a special skill or talent I am willing to share with the program (i.e. art/crafts, music, nature study, fund raising, etc.) \_\_\_\_\_
- Other \_\_\_\_\_