



# Fellowship Day School

## 2010-2011 Registration Form

**FOR OFFICE USE ONLY**

Reg. Amt. \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_

Please indicate class choice:

Twos T/TH

Pre-K M – TH

Twos T/TH/F

Pre-K M – F

Threes M/W/F

Kindergarten M - F

Threes add-on-day(s) -Tues. ,

Thurs. , or both

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

(Please list first name to be called and last name only)

Home Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_ Male \_\_\_ Female

Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

If your child becomes ill or has an accident, we will first call the parents. If neither can be reached, we will call the contacts as listed below:

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Please inform these individuals that they are an emergency contact for your child, and that they have your permission to pick up your child from school. **(OVER)**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Does your child take prescribed medication? \_\_\_\_\_ Please list \_\_\_\_\_

Is your child allergic to any medication or food? \_\_\_\_\_ Please list \_\_\_\_\_

Siblings (List names and ages) \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

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Please share your child's personality with us:

Does your child experience pronounced difficulty in any area? (Examples - separation anxiety, medical problems (including physical disabilities), difficulties getting along with peers, etc.):

Please include anything else that you would like to share with us about your child, or expectations that you may have regarding your child's experience at Fellowship Day School:

*I understand that a registration fee of \$70 must accompany this registration form (\$50 for each additional sibling), and that this registration fee is non-refundable.*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please turn in a copy of your child's immunization records from your doctor before school begins. Your doctor's office may fax your records to us at 288-3011.***

**MEDICAL CONSENT AND LIABILITY RELEASE**  
**Fellowship Day School**

I, the parent of \_\_\_\_\_ do hereby relieve Fellowship Presbyterian Church and all employees of Fellowship Day School from any liability or fault due to any accident or illness that may occur to said child while said child is in attendance of the Day School, and/or School of the Arts programs. Be it further agreed that said parent gives any and all employees in charge on that day that said child is in attendance, permission to grant to any and all medical personnel the right to treat said child for any accident or illness in the event that said parent(s) cannot be reached before treatment is considered necessary. The decision that treatment is necessary will be based on the opinion of a licensed physician. Said parents do hereby relieve any and all employees of Fellowship Day School, and/or Fellowship School of the Arts of any liability in connection with the medical treatment to said child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIELD TRIP RELEASE FORM**  
**Fellowship Day School**

I, the parent of \_\_\_\_\_ give my permission for my child to attend field trips approved by the Director of Fellowship Day School. I understand that parents are welcome to attend field trips, but if one cannot attend, another parent or teacher will be assigned to take care of my child. Fellowship Day School or parents attending the field trip will not be held responsible financially or otherwise if any accidents or mishaps occur on a Fellowship Day School field trip.

An additional form will be sent home describing each class field trip, to be signed and returned, requiring your permission several days before a trip is taken.
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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_