

Johns Creek Presbyterian Preschool Student Registration Form 2019-2020
Choice of Class by Age (see class offerings) 1st Choice _____
2nd Choice _____

Date rec. Amnt. rec.

Johns Creek Presbyterian Preschool is a non-discriminatory Christian preschool. We accept children without regard to sex, race, creed, color, or national origin. Notice of Exemption: This program is not a licensed child care facility. This program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Please Print Information Below

Child's Full Name: _____ Name child goes by: _____

Does your child have any allergies, food restrictions, or health concerns? ___Y or ___N (*If yes, please request a red health form and attach it to this one. Also, please list any allergies, restrictions, or concerns at the bottom of this form.)

Child's Date of Birth _____ Sex _____ Church Affiliation _____

Home Address: _____
(Street) (City/State) (Zip) (County)

E-mail address: _____ Home Phone: _____

Mother's Name: _____ Mother's Cell Phone _____

Mother's Occupation: _____ Mother's Work Phone _____

Father's Name: _____ Father's Cell Phone _____

Father's Occupation _____ Father's Work Phone _____

Please be sure to advise us of phone number changes during the year!

Names and Ages of Brothers or Sisters: _____

Allergies: (Please list any allergies or food restrictions the school needs to be aware of. Also, please request a red health form and attach it to this form. **A meeting should be arranged with your child's teacher and an action plan completed prior to your child's first day of school.**) _____

Physical Conditions: (Please list any concerns or health problems the school should be aware of. Please request a red health form and attach it to this form. **(If needed, a meeting can be arranged with your child's teacher and an action plan completed prior to your child's first day of school.)**) _____

Previous School Experience: _____

How did you find out about JCP Preschool? _____

Shot Records: Please be advised that a shot record must be on file for all children by the first day of school. You can get the correct form (3231) from your Pediatrician.

The information I have given is correct to the best of my knowledge. I have read the 2019-2020 Payment Policy as outlined by Johns Creek Presbyterian Preschool and I understand that the registration fee is non-refundable. I recognize and understand all fees for the 2019-2020 school year and agree to the terms and conditions.

Parent Signature: _____ **Date** ____/____/____

Please return this form with your registration fee to:
Johns Creek Presbyterian Preschool, 10950 Bell Road Johns Creek, GA 30097