

FAMILY INFORMATION

Other children in family (names & ages): _____

If there has been a separation or divorce; with whom is the child living?

If child is living with someone other than parents, please complete:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name of person authorized to remove your child from school or in the event that parents cannot be reached in an emergency:

Name and address: _____

Relationship: _____ Phone No: _____

Name and address: _____

Relationship: _____ Phone No: _____

Doctor's Name: _____ **Dentist's Name:** _____

Address: _____ Address: _____

Phone: _____ Phone: _____

I agree that Christ Victorious Preschool staff may authorize the physician of his/her choice to provide emergency medical care in the event that neither I, my spouse, alternate contact(s), nor my child's doctor can be located immediately. _____ (Initial)

We pledge our support of the early childhood education program provided by Christ Victorious Preschool. We also accept our financial responsibility and agree to pay the fees and tuition on or before the 1st school day of each month, including one month of tuition by August 1st.
_____ (Initial)

Signature of Parent/Guardian *Date*

Registration Fee Paid _____ Time/Date _____