

**Christ Our Shepherd Ministries Enrollment Application
Preschool 2011-2012**

Today's Date: _____

Name of Child: _____
Last First Middle

Address: _____
City St. Zip

Child's Birth Date: _____ Parent's E-mail _____

Father/Guardian: _____ Mother/Guardian: _____

(H) Phone _____ (H) Phone _____

(W) _____ (W) _____

(M) _____ (M) _____

Employment _____ Employment _____

Emergency Care Information :

Name of child's doctor: _____ Name of child's dentist _____

Address _____ Address _____

Phone _____ Phone _____

Insurance Carrier: _____ Policy/group# _____

Hospital preference _____ Child's SS # _____

Does your child have any known allergies? _____ If yes, list allergies _____

If neither father nor mother (or guardian) can not be contacted, please call: -Use local #

Name _____ Name _____

Relationship _____ Relationship _____

(H) phone _____ (H) phone _____

(M) phone _____ (M) phone _____

(W) phone _____ (W) phone _____

Other than above names that are listed, please list names of persons to whom the child can be released

1 _____ 3 _____

2 _____ 4 _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent _____ Date: _____

I as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Director: _____ Date: _____

Preschool

Please identify the class you have chosen for your child:

3 Year Olds

_____ 2 days Tuesdays/Thursday
_____ 3 days Mon/Wed/Fri
_____ 5 days

(Must meet CMS cut off birthdate)

4 Year Olds

_____ 3 days Mon/Wed/Fri
_____ 5 days - Mon - Fri

(Must meet CMS cut off birthdate)

Family Information :

Family Status: Married () Separated () Divorced () Single () Widowed ()

Church your family attends: _____

Other Children living in your home:

Brother: _____ Age: _____ Sister: _____ Age: _____
Brother: _____ Age: _____ Sister: _____ Age: _____
Brother: _____ Age: _____ Sister: _____ Age: _____
Brother: _____ Age: _____ Sister: _____ Age: _____

Other Adults living in your home other than parents: _____

What does your child enjoy doing outside/inside? _____

Please give any information concerning your child, which will be helpful in his/her experience in-group setting (such as play, eating, sleeping habits, special fears, special likes or dislikes).

I understand that a space will be reserved for my child -where available - as soon as application and registration fee of \$65.00 (\$60.00 for renewal students) are received in the Christ Our Shepherd Office. I understand that the monthly tuition is due on the first school day of each month. I understand that a two-week notice is necessary for withdrawal.

Parent Signature: _____ Date: _____

Please submit this completed application with the registration fee to Christ Our Shepherd Ministries by mail or in person to:

230 W. John Street
Matthews, NC 28105
704-845-4673

www.cosministries.org