

Bethel's Blessings Preschool Registration Form

2023-2024 School Year

_____ 3-4's Class 8-11:30 am \$275 per month (potty trained and 3 years by Aug. 1 2023)

_____ 4's-5's 8 am-3pm \$440 per month (potty trained and 4 years by Aug. 1, 2023)

****Please check appropriate class

Today's Date: _____ Child's Birth Date (M/D/Y): _____ Male/Female: _____

Child's First Name _____ Child's Last Name _____ Child's Nickname _____

Child Lives with: _____ Both Parents _____ Single Parent _____ Grandparent _____ Blended Family _____ Foster _____ Other

Guardian 1: Relationship _____ Name _____ DOB _____

(Guardian should reflect who the child lives with)

Address _____ City _____ Zip _____

D/L Number _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Employer _____

Email _____

Guardian 2: Relationship _____ Name _____ DOB _____

(Guardian should reflect who the child lives with)

Address _____ City _____ Zip _____

D/L Number _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Employer _____

Email _____

Emergency Contacts/Authorized to Pick up Child (besides guardians):

Relationship to Child: _____ Name _____ Phone _____

Relationship to Child: _____ Name _____ Phone _____

Relationship to Child: _____ Name _____ Phone _____

Relationship to Child: _____ Name _____ Phone _____

Doctor's Name _____ Phone _____ Hospital _____

Medical Insurance & Policy #

Are there any health problems or conditions about which we should know? Please include any allergies, disabilities, therapies, major health issues, behavioral issues.

School District for Kindergarten: NW Allen _____ FWCS _____ Parochial/Private _____ Other _____

Has your child attended preschool or daycare before? _____ If yes, where? _____

Does your child speak English? _____ If no, what language or non-verbal? _____

List other children in family (Name, age, sex) _____

List other adults at home _____

Is your child toilet trained? (3-5-year old's must be toilet trained prior to starting school.) _____

Do you attend church or Sunday school regularly? _____ Where? _____

I authorize Bethel's Blessings to provide transportation for my child to and from planned activities Yes _____ No _____

I authorize Bethel's Blessings to provide transportation and/or care for my child in an emergency situation Yes _____ No _____

My child may be photographed or videotaped for public display (news media, website, Facebook, newsletters, etc.) Yes No

I authorize the above emergency contacts to pick up my child Yes _____ No _____

Is there anyone NOT authorized to pick up your child Yes _____ No _____ If yes, whom? _____

*** I understand that there is a minimum enrollment policy. If there is less than the enrollment required, the class will then be cancelled.**

Guardian Signature

Guardian Printed Name

Date

Mail Registration form and nonrefundable fee of \$75 to:

Bethel's Blessings Childcare and Preschool Ministry

8405 Lima Road

Fort Wayne, IN 46818

Attn: Kelli Moody

Phone: 260.489.3650

Email: blessingbethel80@gmail.com

Thank you for carefully completing this form. If any of this information changes during the school year, please contact us with the updated information.