

Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_  Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_  Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Child Information

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's age: \_\_\_\_\_ Gender:  Male  Female

List any existing medical conditions, medication and/or special attention your child may require.

\_\_\_\_\_  
Allergies: \_\_\_\_\_

Photographs: May we take photos of your child for publication (advertisement, Facebook, etc)?  Yes  No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pickup Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ [ ] Able to pick up all the children in the family

2nd Contact/Pickup Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ [ ] Able to pick up all the children in the family

Special Instructions if needed: \_\_\_\_\_

2019-2020 Registration Information:

Non-refundable registration fee: \$75.00

First month's tuition payment is due at the time of registration

Tuition / Payment Information

Full-time Tuition Amount: \$300.00 per month

Payments will made [ ] Weekly [ ] Bi-Weekly [ ] Monthly [ ] Other \_\_\_\_\_

Checks payable to Arbor Heights Community Church

*Tuitions are due by the 5<sup>th</sup> of each month. A late fee of \$10 will be added if not received by the 10<sup>th</sup>. Families are welcome to pay for the year in full.*

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff? \_\_\_\_\_

Signature:

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