

# Banner Elk Presbyterian Church Preschool

## Registration Form 2024-2025

Please return this form with your child's health assessment, current immunization record and \$50.00 registration fee to complete your registration.

Student's name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers; Mom cell # \_\_\_\_\_ Work # \_\_\_\_\_

Dad cell # \_\_\_\_\_ Work # \_\_\_\_\_

Emails: \_\_\_\_\_

\_\_\_\_\_

In Case of Emergency Contact other than Parent: \_\_\_\_\_

Relation to child: \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Phone # \_\_\_\_\_

Does child have age appropriate vaccinations? \_\_\_\_\_

Special Needs or other Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently affiliated with the Banner Elk Presbyterian Church or Preschool Program: Yes No

Allowed to pick up from BEPC Preschool other than parents:

1. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_