



Please complete this form and return it to Little Miracles Christian Preschool.

How to return it:

Email it to littlemiracles@auburncn.org

Mail it to Little Miracles Preschool Registration 2301 N. Main St Auburn, IN 46706

Or Bring it to the church office Monday-Friday, 8:00am-4:00pm

There is a \$55.00 non-refundable fee due upon registration and an authorization/consent form that must be signed in person by a parent/guardian. Please print the authorization/consent form, fill it out, sign it and return it to the school by mail or by dropping it off at the church office (Monday-Friday, 8:00am-4:00pm).

*Your registration is not complete until ALL paperwork is filled out, signed and submitted, and the non-refundable fee is received.

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REGISTRATION FORM ACADEMIC YEAR _____

3 year-old Rainbow Class (Tues & Thurs) (\$70 Month)

8:30am- 11:30am

4/5 year-old Red Apple Class (Mon, Wed, Fri) (\$90 Month)

8:30am-11:30am

4/5 year-old Green Apple Class (Mon, Wed, Fri) (\$125 Month)

8:30am-1:30pm (Must have minimum of 8 students. Students bring their own lunch.)

Identification and Emergency Information

Child's Name: _____ Male Female Date of Birth: ____ / ____ / ____

Child's Nickname: _____ Name you would like child to learn to write: _____

Child's Home Phone Number: _____

Child's Home Address: _____

City: _____ State: _____ Zip: _____

Sibling Information (other children living in your home):

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Mother's Name: _____

Address (if different than above): _____

City: _____ State: _____ Zip: _____

Mother's Home Phone: _____ Mother's Cell Phone: _____

Mother's Email: _____

Mother's Occupation: _____ Place of Employment: _____

Mother's Work Phone: _____ Work Hours: _____

OFFICE USE ONLY

Date paperwork received: _____

Date registration fee paid: _____

Date child will start: _____

Enrolled Status: _____

Notes: _____

Non-refundable enrollment fee of \$55 is due upon registration

Father's Name: _____

Address (if different than above): _____

City: _____ State: _____ Zip: _____

Father's Home Phone: _____ Father's Cell Phone: _____

Father's Email: _____

Father's Occupation: _____ Place of Employment: _____

Father's Work Phone: _____ Work Hours: _____

Guardian(s) Name (if different than above): _____

Address (if different than above): _____

City: _____ State: _____ Zip: _____

Guardian's Home Phone: _____ Guardian's Cell Phone: _____

Guardian's Email: _____

Guardian's Occupation: _____ Place of Employment: _____

Guardian's Work Phone: _____ Work Hours: _____

About Your Child

Does your child tend to use right hand _____, left hand _____, no preference yet _____?

What are your child's special interests? _____

Does your child have any special fears? _____

Does your child have vision, speech, or hearing problems? _____ If so, has there been therapy? _____

Is your child able to take care of their own toilet needs? _____

Can your child be away from you for an extended time without being upset? _____

What method of behavior control do you use in your home? _____

How would you describe your child's personality? _____

Do you have a home church? If so, where? _____

Any additional questions and/or comments: _____

Authorized Pick Up List

Persons authorized to pick up your child (Please include parent(s) or guardian(s))

Name: _____ Name your child calls them: _____

Relationship to child: _____ Phone Number: _____

Name: _____ Name your child calls them: _____

Relationship to child: _____ Phone Number: _____

Name: _____ Name your child calls them: _____

Relationship to child: _____ Phone Number: _____

Name: _____ Name your child calls them: _____

Relationship to child: _____ Phone Number: _____

Under no circumstances will a child be released to persons NOT on this list without written authorization from parent(s) or guardian(s).

Parent/Guardian Signature _____ Date ____ / ____ / ____

How did you hear about our program?

Family/Friend

Facebook/Internet

Sign/Poster

Other, please explain below

The staff at Little Miracles Christian Preschool would like to thank you for giving us the opportunity to share in your child's preschool experience. We realize that this is a very special and important time in the life of your "Little Miracle" and we look forward to sharing this time together. God bless you and your family.

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LITTLE MIRACLES CHRISTIAN PRESCHOOL AUTHORIZATION AND CONSENT FORM

Child's Name (hereby referred to as "Child"): _____

On Campus Permission Slip

I give permission for my Child to use the facilities, play equipment, and to go on nature walks on school property under the supervision of Little Miracles Christian Preschool staff.

Parent/Guardian Signature _____ Date _____

Off Campus Permission Slip

I give permission for my Child to leave the school premises under the supervision of a staff member for neighborhood walks, or for field trips in an authorized vehicle.

My child is covered by private health insurance. Yes No

Parent/Guardian Signature _____ Date _____

Emergency Information

Child's Name: _____ Date of Birth: _____ / _____ / _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I hereby authorize Little Miracles Christian Preschool staff to contact the necessary person(s) to care for my child. Any expenses incurred will be borne by me.

Child's Physician: _____ Physician's Phone Number: _____

Physician's Address: _____

May we call another physician if unable to reach one listed above? Yes No

In the event of an emergency...

Yes No

In the event of an emergency I authorize the Little Miracles Preschool staff to provide any first aid care deemed necessary for my child.

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

In the event of an emergency I authorize the Little Miracles Preschool staff and/or Emergency Medical Personnel to transport my child to the nearest medical facility for the necessary care.

Parent/Guardian Signature _____ Date _____

Medical

Please list ALL medical conditions (Asthma, etc.): _____

Allergies

Allergy: _____		Reaction: _____		
By Touch? _____	Ingestion? _____	Other? _____	Life Threatening: Yes	No
Allergy: _____		Reaction: _____		
By Touch? _____	Ingestion? _____	Other? _____	Life Threatening: Yes	No
Allergy: _____		Reaction: _____		
By Touch? _____	Ingestion? _____	Other? _____	Life Threatening: Yes	No

WE WILL NEED A COPY OF YOUR CHILD'S IMMUNIZATION RECORD

EMERGENCY CONTACTS

Please list the best phone number to reach you at during class hours.

Mother's Name: _____	Father's Name: _____
Phone Number: _____	Phone Number: _____
Secondary Number: _____	Secondary Number: _____
Guardian's Name: _____	Guardian's Name: _____
Phone Number: _____	Phone Number: _____
Secondary Number: _____	Secondary Number: _____

Additional persons to be contacted after attempt to contact parent(s)/guardian(s).

1. Name: _____ Relationship to child: _____
Phone Number: _____ Can your child be released to this person? Yes No
2. Name: _____ Relationship to child: _____
Phone Number: _____ Can your child be released to this person? Yes No

Parent/Guardian Signature _____ Date _____

I hereby agree to hold harmless and indemnify the school from any and all liability, expense, damage, cost, injury, attorney fees and expenses, or other obligation arising out of or in any way related to my child's enrollment in and/or participation in any activity of the school whether on school property or not. I agree to be responsible for all medical expenses incurred by the school for my child and to promptly reimburse the school for such expenses.

I understand that I cannot revoke or amend this agreement in any way, except by a writing signed by me and the school's director. I understand that no other person has authority to modify, revoke, or waiver this agreement on behalf of the school.

I understand that Little Miracles Preschool is not responsible for anything that may happen as a result of false, misleading or incomplete information given to the school at the time of enrollment.

Parent/Guardian Signature _____ Date _____

Publicity Release

Child's Name (hereby referred to as "Child"): _____

I hereby understand that pictures may be taken during school activities, and grant permission for my Child's photos to be used for publicity purposes in:

Promotional Materials

Advertising

Bulletin Boards

Social Media (Facebook, etc.)

We will not reference your Child by name or provide any specific information regarding your Child.

Parent/Guardian Signature _____

Date _____