

New Philadelphia Moravian Preschool

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www.newphilly.org

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Registration For 2010 - 2011

Age on Aug. 31, 2010 Years _____ Months _____

Office use only

Date _____

Ck# _____

Total _____

Reg _____

Tuit _____

Sibling _____

Confirm _____

Database _____

Infants and Toddlers

(for children under 2 years on Aug. 31)

Infant _____ Toddler _____

(less than 1 yr on Aug. 31) (turns 1 year by Aug. 31)

Check days - babies may choose 1 or more.

Toddlers choose at least 2

Mon. _____ Tues. _____ Wed. _____ Thus _____ Fri _____

2 yr old to 5 yr old Classes

(must turn age of class by Aug. 31)

2's MWF _____ TTH _____ M-F _____

3's MWF _____ TTH _____ M-F _____

4's M-TH _____ M-F _____

Readiness/ 5 years M-F _____

Child's first name _____ Name called _____

Last name _____

Age _____ Birthdate _____ Sex _____

Home Address _____

City _____ Zip Code _____ Home Phone _____

Other numbers (cellular, pager, etc.) _____

Mother's name _____ Father's name _____

Mother's place of employment _____

Work phone _____

Father's place of employment _____

Work phone _____

Email Address _____

Siblings at New Philadelphia _____

Other siblings _____

EMERGENCY CONTACTS & NUMBERS (other than the above home, work & cell numbers)

1st choice _____

2nd choice _____

3rd choice _____

Names of adults allowed to pick up your children - other than parents (Please keep this current): _____

Allergies _____

Special conditions _____

Special interests _____

Fears _____

Other information _____

Doctor's name _____ Phone number _____

Address _____

Medical Release

We/I give permission for the Director or Staff of New Philadelphia Moravian Church Preschool to authorize emergency treatment for our/my child, _____ should such medical services and treatment become necessary or advisable during the time our/my child is in the care of New Philadelphia Preschool. This permission is given with the understanding that every attempt will have been made to contact the parents, guardians, child's physician, and others listed for emergency contact. We/I give authorization for the use of 911 medical services for immediate treatment and transportation in emergency situations.

Hospital choice: _____

Signed _____ Date _____

Parent or legal guardian