Hickory Christian Preschool Registration Form 2026-2027

3-year-olds

Please fill in the information and initial in the box next to each statement below to indicate agreement. Student's Name ______ Preferred name/Nickname _____ _____City____State___Zip____ Telephone number _____ Date of birth _____ Gender: M F Emergency Information: Name of Child's physician ______ Telephone Number _____ Allergies or intolerances (meds, food, etc.): Please list your child's medications: Please list any other medical issues or relative information the school needs to be aware of, including, but not limited to developmental delays, chronic conditions, and any other physical, social, emotional, or cognitive issues: MEDICAL AND VACCINATION RECORDS MUST BE ON FILE AT THE SCHOOL PRIOR TO THE FIRST DAY IN ORDER FOR THE STUDENT TO ATTEND CLASS. □ In the event of an illness or accident that requires immediate medical treatment at a time when a parent or guardian cannot be located, I give permission for the employees of Hickory Christian Preschool, or other church personnel designated by the teacher to authorize such treatment. I will not hold the church, staff or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact. Does a health insurance policy cover your child?_____ Company _____ Group/Policy # HMO or preferred hospital:_____

Student lives with: Both parents Mother Father Guardian

Mother's name	Mother's cell #			
Mother's e-mail address_				
Employer's name		Employer's phone #		
Employer's address				
Father's name	Father's cell #			
Father's e-mail address_				
Employer's name	name Employer's phone #			
Employer's address				
Marital status of parents/	guardians: Married	Separated Divorced Single Other	-	
*If there is any custody in	formation concerni	ng the security of your child, please atta	ach your comments.	
If separated or divorced v	vho has legal custod	y of this student? Is it shared or sole cus	stody?	
Name	Address_	Home Phone		
Relationship	E-Mail	Cell #		
	Other me	mbers of your household:		
Name	Age	Relationship		
Name	Age	Relationship		
Name	Age	Relationship		
Name	Age	Relationship		
List significant persons in Please give relationship to		n as stepfamilies, grandparents, baby-si	tters, etc.	
		options or other changes in the family event and the effect on your child.	structure, which	

Church History:

Is either parent/g	guardian a member of or attend H	lickory United E. P. C.?
Name of church y	you attend	
Church address_		Phone #
Pastor's name		
	School	Information:
Last school atten	ded	
Address of school	ol	Phone #
How would you ra	ate your child's school experience	2?
School district in	which you live	
	Child Release Form and Er	mergency Contact Information:
		eached, I permit Hickory Christian Preschool to release nese $person(s)$ in the event of an emergency.
Name	Relationship to child	Phone number
1		
2		
3		
4.		

Hickory Christian Preschool's Statement of Faith

All scripture is God-breathed and is useful for teaching, correcting and training in righteousness. (2 Timothy 3:16). Jesus Christ is God's only Son and is the only way to salvation and a relationship with God. (Luke 3:22; Luke 9:35; John 10:30, John 14:6). We must stand firm in the Gospel that we have received. (1 Corinthians 15:1).

Mission Statement of the Preschool

The mission of Hickory Christian Preschool is to inspire academic growth and to lead children into a growing relationship with Jesus Christ by the power of the Holy Spirit all for the glory of God.

Preschool 3 Year-Old Registration and Enrollment Agreement Please initial next to each statement below to indicate agreement. Class is held two half-days (Tuesdays and Fridays) per week and meets from 8:45a.m. - 11:30 a.m. □ A <u>non-refundable registration fee of \$50.00 and book fee of \$60.00 must accompany this registration</u> <u>form</u>. If your completed registration form and fees are received by March 1, 2026, your tuition will reflect an early registration discount of approximately 3%. Payments can be paid in full or in 9 monthly payments (September-May). $\ \square$ All payments are due by the 5th of each month; a late fee of \$15.00 will be charged for any payment not received by the 5th of the month. If your payment is a month in arrears, your child will not be allowed to attend class until your account is current. Payment by check or money order is preferred and should be made payable to Hickory Christian Preschool. Please write the child's name and month on the memo line of your check. □ ·Families will be requested to volunteer throughout the school year. Proper clearances are required. □ If you must withdraw your child from school any time after registration is received, we require a minimum of two weeks' notice. If timely notice is not received, you will be responsible for paying the next month's full tuition. □ You are responsible for tuition whenever your child is out of school for any reason including illness and family vacations. □ You will still be required to pay regular monthly tuition if we need to close the preschool and switch to remote learning or other situations beyond our control. □ ·In order to complete registration, we require a copy of your child's birth certificate with this form. Completed registration forms, a copy of the birth certificate, and fees can be mailed to the Hickory U.E.P Church to the attention of the HCP, or dropped off at the preschool office. Children are accepted on a first come, first served basis. In the event that registration exceeds class size, you will be notified and placed on a waiting list, if desired. I have read and hereby agree to the terms set forth by Hickory Christian Preschool.

Date

Signature of parent(s) or legal guardian(s)