



# BRUSHY CREEK

## WEEKDAY PRESCHOOL

### 2023-2024 KINDERGARTEN REGISTRATION FORM

CHILD'S FULL NAME \_\_\_\_\_ M  F

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE ON SEPTEMBER 1, 2023 \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE# \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

CHURCH MEMBERSHIP \_\_\_\_\_

CHILD'S SPECIAL INTERESTS \_\_\_\_\_

ALLERGIES OR OTHER HEALTH CONCERNS \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

IN THE EVENT OF AN ACCIDENT/ILLNESS, WHEN PARENTS CANNOT BE REACHED,  
PLEASE LIST NAME AND RELATIONSHIP OF SOMEONE WHO MAY BE NOTIFIED:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE: IN THE EVENT OF A MEDICAL EMERGENCY, I HEREBY  
AUTHORIZE BRUSHY CREEK PRESCHOOL STAFF TO SEEK EMERGENCY MEDICAL  
TREATMENT FOR MY CHILD AS NECESSARY IF THE ABOVE MENTIONED CANNOT BE  
REACHED.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDIA RELEASE: I HEREBY GIVE PERMISSION FOR BRUSHY CREEK PRESCHOOL TO USE  
PHOTOS/VIDEOS OF MY CHILD FOR ART/CRAFT PROJECTS, SCHOOL WEB PAGES, OTHER  
MEDIA COMMUNICATION AND/OR ADVERTISING PURPOSES.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_