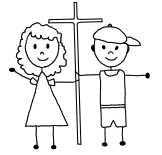


# METRO NORTH SCHOOL REGISTRATION FORM 2024-2025



Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Name your child answers to: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Class you are enrolling your child in: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

If separated/divorced, who has legal custody? \_\_\_\_\_

Names of other children in your family:	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special physical condition/allergies we should be aware of: \_\_\_\_\_

Does your child take any medications on a regular basis? \_\_\_\_\_ If so, what? \_\_\_\_\_

Has your child ever been in preschool before? \_\_\_\_\_ If yes, where? \_\_\_\_\_

My child's favorite activity: \_\_\_\_\_ Least favorite activity: \_\_\_\_\_

How does your child react when he/she does not get their own way? \_\_\_\_\_

What do you hope your child obtains from preschool? \_\_\_\_\_

Any other information you feel we need to know about your child? \_\_\_\_\_

Do you have a home church? \_\_\_\_\_ If yes, where? \_\_\_\_\_

## EMERGENCY FORM

Please list at least one person who is authorized to pick up your child from school or act on your behalf in an emergency. Include daytime phone number. We cannot release your child to anyone without your permission except a spouse.

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

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

3. \_\_\_\_\_ Phone #: \_\_\_\_\_

4. \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

My child may be given emergency treatment, to include first aid and CPR by a qualified staff member of Metro North School. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary to safeguard my child's health if I cannot be contacted. In such case, I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or car to an emergency center for treatment. I further authorize said center to take my child to a hospital, and agree that I will pay all physician and hospital bills, and said center shall not be responsible for them.

Lastly, I certify to the best of my knowledge that my child is in good mental and physical health and able to participate in the program at Metro North School.

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

## RELEASES

A list of students in your child's class will be distributed to parents of that specific class. Parents use these to contact other parents for play dates, birthday parties, etc. If you would like your name and phone number included in your child's class list, **please initial here:** \_\_\_\_\_

Throughout the year we take pictures of the children. Occasionally we will post some of these photos/videos to our website/facebook page or local newspaper/media. To give us consent to use photos of your child, **please initial here:** \_\_\_\_\_

## METRO NORTH SCHOOL FIELD TRIP PERMISSION FORM (K3 & K4 only)

From time to time we will be taking trips as a class. We require all parents to provide a guardian to transport and supervise their child on field trips. Teachers are not allowed to transport children.

\_\_\_\_\_ has my permission to take part in field trips with the class.  
I understand safety precautions will be taken and I will not hold the teachers, staff, school, or church liable.

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