



**Eastminster Presbyterian Church**  
 3125 Sewell Mill Road, Marietta, GA 30062  
 (770)485-0611 | [www.epres.org](http://www.epres.org)  
 Dawn Milazzo, Director  
[dawn.milazzo@epres.org](mailto:dawn.milazzo@epres.org)  
 Senior Pastor, Aaron Moore  
[aaron.moore@epres.org](mailto:aaron.moore@epres.org)

## 2018-2019 STUDENT REGISTRATION

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age as of September 1, 2018** \_\_\_\_\_ M\_\_\_\_ F\_\_\_\_

Eastminster Presbyterian Member? Yes\_\_\_\_ No\_\_\_\_ Child Resides With: Mother\_\_\_\_ Father\_\_\_\_

Sibling(s): Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

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

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

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

**How did you find out about us?** \_\_\_\_ Personal recommendation, referred by: \_\_\_\_\_

\_\_\_\_ advertisement \_\_\_\_ online search \_\_\_\_ Other (please specify) \_\_\_\_\_

**\* DUE WITH APPLICATION: A one-time, non-refundable payment of \$120** (payable to "Eastminster Christian Preschool") is due with this application. This combined Registration & Activity Fee covers enrollment deposit, staff training/background checks, supplies, as well as special events and activities throughout the year.

**\* DUE BY 1st DAY OF SCHOOL:** Current GA immunization cert. (Form 3231) is required before starting school.

### PLEASE SELECT A CLASS, BASED ON YOUR CHILD'S AGE BY SEPT. 1, 2018:

(If you have a first and second choice, please note by marking '1<sup>st</sup>' or '2<sup>nd</sup>')

\_\_\_\_\_ Toddler (16-24 mos.) — M-W (\$225/mo.)

\_\_\_\_\_ 3 yrs. — M-W-F (\$275/mo.)

(3s not reliably potty trained must attend this class)

\_\_\_\_\_ Toddler (16-24 mos.) — T-TH (\$225/mo.)

\_\_\_\_\_ 3 yrs. — M-T-W-Th (\$320/mo.)

\_\_\_\_\_ 2 yrs. — T-TH (\$225/mo.)

\_\_\_\_\_ 3 yrs.— M-T-W-Th-F (\$345/mo.)

\_\_\_\_\_ 2 yrs. — M-W-F (\$275/mo.)

\_\_\_\_\_ 4 yrs.— M-T-W-Th (\$320/mo.)

\_\_\_\_\_ 4 yrs. — M-T-W-Th-F (\$345/mo.)

**\*\* Discounts Offered:** Siblings receive a \$20 discount on the monthly tuition. Parishioner discounts applied.

**\*\*\*Please Note:** We cannot guarantee requests for particular teachers due to the many variables involved in enrollment.

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Office Use:**

Teacher: \_\_\_\_\_ Form 3231 \_\_\_\_\_

## MEDICAL & EMERGENCY INFORMATION

**\* IMPORTANT: A current Georgia Immunization Certificate (Form 3231) is required before starting school.**

ALLERGIES (please be specific about type and degree): \_\_\_\_\_

Other Significant Medical Information: \_\_\_\_\_

PEDIATRICIAN: \_\_\_\_\_ Pediatrician's Phone: \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_

### EMERGENCY CONTACTS (other than parent)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL RELEASE AUTHORIZATION:** *In the event of a medical emergency involving my child, \_\_\_\_\_, I give my permission for Eastminster Christian Preschool to seek medical attention for my child should ECP be unable to contact me. All medical fees incurred will be my responsibility, and I agree to hold harmless the Eastminster Christian Preschool, or Eastminster Presbyterian Church, for their actions on my behalf.*

Parent Name: (please print) \_\_\_\_\_

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

**CHILD RELEASE INFORMATION:** I authorize that my child may be released by Eastminster Christian Preschool to the following person(s) listed below. Your child will not be released to anyone other than those listed, unless prior written permission is submitted to your child's teacher.

Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_