



Eastminster Presbyterian Church
3125 Sewell Mill Road, Marietta, GA 30062
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Debbie Wilson, Director
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Senior Pastor, Aaron Moore
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2019-2020 STUDENT REGISTRATION

Child's Name Preferred Name

Address:

City: Zip: Subdivision:

Child's Date of Birth: Age as of September 1, 2019 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 \$125 (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, 2019:

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

- Toddler (16-24 mos.) — M/W (\$235/mo.)
Toddler (16-24 mos.) — T/TH (\$235/mo.)
2 yrs. — T/TH (\$235/mo.)
2 yrs. — M-W-F (\$285/mo.)
3 yrs. — M-W-F (\$285/mo.)
3 yrs. — M-T-W-Th (\$330/mo.)
3 yrs. — M-T-W-Th-F (\$355/mo.)
4 yrs. — M-T-W-Th(\$330/mo.)
4 yrs. — M-T-W-Th-F (\$355/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: _____

T-shirt size 2T _____ 3T _____ 4T _____ 5/6 _____

For Office Use: Reg. Fee (circle one) \$100 \$125

Date Received: ___ Check # _____ Initials: _____

MEDICAL & EMERGENCY INFORMATION

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

ALLERGIES (please be specific about type and degree): _____

Authorization to give Benedryl Yes ___ No ___ EPI Pen Required? Yes ___ No ___

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: _____

