Enrollment Application 2017-2018

Presbyterian Weekday School
First Presbyterian Church, 1621 E. Garrison Blvd., Gastonia, NC 28054; Phone: 704-864-2651 x111

Child's Name: _____
Last First Name child is called
Parent(s): _____
Father's name cell phone number Mother's Name cell phone number
Home Phone: _____ Email: _____
Child's Date of Birth: ____/____/____ Sex: M F
Parent's Marital Status (circle) married, divorced, single, widowed Legal Custody: Yes No Joint
Address: _____
Subdivision Street City State Zip
Father's Employer: _____ Mother's Employer: _____
First Presbyterian, Gastonia: Member Non-member Religious Affiliation/Beliefs: _____

Child's Doctor: _____ Allergies/Health Concerns: _____
A PHYSICIAN'S INDIVIDUALIZED CARE PLAN IS REQUIRED BEFORE BEGINNING SCHOOL FOR CHILDREN WITH SPECIAL NEEDS, FOOD ALLERGIES, OR SPECIAL NUTRITION NEEDS.
Additional Information that may be useful (fears, interests, personality, etc.) _____
Do not list parents as emergency contacts.
Emergency Contact 1: _____
Name Home Phone Cell Phone Relationship to Child
Emergency Contact 2: _____
Name Home Phone Cell Phone Relationship to Child
Previous Preschool Experiences? Yes No If yes, where? _____ How did you learn about PWS? _____
Number of Siblings: _____ Ages: _____ Name(s) of siblings who attend PWS:_____

Please circle the age appropriate program desired and mark your first and second choice of programs:

Program	2 Day	3 Day	4 Day	5 Day
Kindergarten				Mon. thru Fri.
4 Year Olds		Mon. Tues. Wed.	Mon. thru Thurs.	Mon. thru. Fri. Pre-Kg.
3 Year Olds	Thurs. & Fri.	Mon. Tues. Wed.	Mon. thru Thurs.	
2 Year Olds	Mon. & Tues.	Mon. Tues. Wed.		

It is understood and agreed that First Presbyterian Church of Gastonia and staff are hereby released from all claims or financial responsibility arising out of any accident or mishap that may occur in connection with the operation of the school or from illness that may be contracted by the child during the period of enrollment.

*If the parent/legal guardian is unable to be reached in an emergency, the school has our permission to obtain medical attention for our child, _____ (child's full name) from _____ (physician's name and phone #), of Gaston Memorial Hospital Emergency Room. If ER is deemed necessary, child will be transported by Gaston Emergency Medical Services.
Name of Primary Insurance Policy: _____ Policy #: _____
Please attach a copy of current insurance card.
Names of individuals authorized to access health information along with any member of PWS staff assigned responsibility of care or education of registered child: _____

Date ___/___/___ _____
Parent/Legal Guardian Signature Signature certifies all the above information is true to the best of my knowledge.

Office use only: Enrollment date __/__/__ Program/Class _____; Date Non-Refundable Registration fee received __/__/__ Amount _____
Discounts: Church Member____; Sibling____; Employee____; Monthly amount_____