

# Enrollment Application 20\_\_ - 20\_\_

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\_\_\_\_\_