

The Church of the Hills Preschool Student Registration Form

Choice of Class by Age (see class offerings) 1st Choice \_\_\_\_\_  
2nd Choice \_\_\_\_\_

The Church of the Hills Preschool is a non-discriminatory Christian preschool. We accept children without regard to sex, race, creed, color, or national origin.

Please Print Information Below

Child's Full Name: \_\_\_\_\_ Name child goes by: \_\_\_\_\_

Does your child have any allergies, food restrictions, or health concerns? \_\_\_Y or \_\_\_N (\*If yes, please request a red health form and attach it to this one. Also, please list any allergies, restrictions, or concerns at the bottom of this form.)

Child's Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City/State) (Zip) (County)

E-mail address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

**Please be sure to advise us of phone number changes during the year!**

Names and Ages of Brothers or Sisters:  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** (Please list any allergies or food restrictions the school needs to be aware of. Also, please request a red health form and attach it to this form. A meeting should be arranged with your child's teacher and an action plan completed prior to your child's first day of school.) \_\_\_\_\_  
\_\_\_\_\_

**Physical Conditions:** (Please list any concerns or health problems the school should be aware of. Please request a red health form and attach it to this form. A meeting should be arranged with your child's teacher and an action plan completed prior to your child's first day of school .) \_\_\_\_\_  
\_\_\_\_\_

Previous School Experience: \_\_\_\_\_

**Shot Records: Please be advised that a shot record must be on file for all children by the first day of school. You can get the correct form (3231) from your Pediatrician.**

The information I have given is correct to the best of my knowledge. I have fully read this registration form and understand that the registration fee, equal to one month's tuition is non-refundable.

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

Please return this form with your registration fee to: The Church of the Hills Preschool, 10950 Bell Rd. Johns Creek, GA 30097