



5780 Allison Creek Road
 York, SC 29745
 (803)325-8655
director@allisoncreekpreschool.com
<http://www.allisoncreekpreschool.com>

Allison Creek Preschool 2023-2024 Registration Form

Pre-Registration begins January 10, 2023
 Open Registration begins January 23, 2023

(Please complete and return with your \$135 registration fee)

General Information

Child's Name:		
Date of Birth:	Age on Sept. 1, 2023:	
Address:		
City, State, Zip		
Class Choice:	<input type="checkbox"/> Two Day Toddlers Class (Mon, Wed) 8:30-12:30pm **18-23 months** <input type="checkbox"/> Two Day Twos Class (Tues, Thurs) 8:30-12:30pm **24-35 months** <input type="checkbox"/> Four Day Toddlers/Twos Class (Mon-Thurs) 8:30-12:30pm **24-35 months** <input type="checkbox"/> Three Day 3 Year Old Class (Tues, Wed, Thurs) 8:30-12:30pm <input type="checkbox"/> Four Day 3 Year Old Class (Mon-Thurs) 8:30-12:30pm <input type="checkbox"/> Four Day 4 Year Old Class (Mon-Thurs) 8:30-12:30pm	
How did you hear about Allison Creek Preschool? _____		
Email Address:		
Home Phone:	Mother's Cell:	Father's Cell:
Parent/Guardian Names:		
Parent/Guardian Place of Employment & Work Phone Number:	Parent/Guardian Place of Employment & Work Phone Number:	
Names & Ages of Siblings Living in the Home:	What experiences do you expect your child to gain from the ACPS Program?	
Please add my name to the substitute list. I am available to sub on the following days:	I would like to assist with special events at school:	
Child's Health Record (Please attach a copy of immunization record)		
Food Allergies:	Other Allergies:	
Please circle any recurring problems your child may have: Heart Trouble Asthma Ear Infections Bronchitis Strep Throat Croup Other: _____	Please circle any illnesses your child has had: Chicken Pox Mumps German Measles Scarlet Fever Red Measles Rheumatic Fever	
When was your child potty trained?	Does your child have any fears?	
Does your child have any medical situations or other problems we should be aware of?	What do you do at home to comfort your child?	
Name & Phone # of Child's Doctor:		
I have attached a copy of my child's Immunization record:	Yes , current record is attached or No , one will be provided before the beginning of the school year	
Parent/Guardian Signature:		Date:

Authorization for Medical Information

I hereby grant permission for any staff person from the preschool at Allison Creek Presbyterian Church to take whatever steps may be necessary to obtain emergency medical treatment for my child, _____. These steps include, but are not limited to the following:

- o Attempt to contact parent or guardian
- o Attempt to contact the child's physician
- o Attempt to contact the parent through any of the person's listed below
- o If we cannot contact you, we will call an ambulance OR have the child taken to the Emergency Room at Piedmont Medical Center in the company of a staff person in his/her personal vehicle.

I also understand that I am responsible for any resultant medical treatment expenses.

Emergency Contact Information When Parents Can Not Be Reached

1. Full Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

2. Full Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

Is your child covered by personal/family medical insurance? Yes No
If yes, name of your insurer: _____ Policy or group number: _____

Parent/Guardian Signature: _____	Date: _____
-------------------------------------	-------------

Authorization for Release

If my child is to be picked up by anyone other than myself or spouse, I will notify the teacher in writing or in the case of emergency will call the preschool. I understand that anyone listed below may pick up my child provided the school has been notified by my spouse or by me. These individuals must provide a picture ID.

Other Authorized People:

1. Full Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

2. Full Name: _____ Relationship: _____

Primary Phone: _____ Alternate Phone: _____

Parent/Guardian Signature: _____	Date: _____
-------------------------------------	-------------

Photo & Video Release

We take a lot of pictures here at ACPS. We use these in creating bulletin boards, photo albums, educational projects, and more to show kids having fun, playing and learning. We would like your permission to photograph/videotape your child for use in these projects. Photos will remain the property of ACPS unless otherwise noted. I hereby **[GIVE/ DO NOT GIVE]** my permission for any photo/video to be used for marketing, to include but not limited to: albums, bulletin boards, advertisements, websites, and social media platforms for the discretionary use for Allison Creek Preschool and Allison Creek Presbyterian Church.

Parent/Guardian Signature: _____	Date: _____
-------------------------------------	-------------

Email Address Release

By signing below, I grant Allison Creek Preschool permission to distribute your family email address to parents if asked.

Parent/Guardian Signature: _____	Date: _____
-------------------------------------	-------------

Registration Fee

By signing below, I acknowledge the Registration Fee is NON-Refundable.

Parent/Guardian Signature: _____	Date: _____
-------------------------------------	-------------

School Use Only:

Registration Fee Amount _____ paid by _____ received by _____ on _____

Snack Fee Amount _____ paid by _____ received by _____ on _____

1st Month Tuition Amount _____ paid by _____ received by _____ on _____