

**APPLICATION FOR IN HIS STEPS PRESCHOOL MINISTRY**

155 Dunlap Drive Christiansburg, Va 24073 (540) 382- 0719  
School year 2009-2010

*Non-refundable fees:*

PRESCHOOL---- \$35 Registration

MTW\_\_\_\_\_

We require a (30) day notice prior to withdrawal.

Tuition is due one month in advance. September tuition will be billed and is due August first.

\*\*\*\*\*

Date\_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex M F  
                    First      Nickname      Middle      Last

Allergies:\_\_\_\_\_

Potty Trained:\_\_\_\_\_

Medical Problems:\_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Church Attending \_\_\_\_\_

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Business

\_\_\_\_\_  
Business

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

Emergency Contact: (list name, number and relationship of two persons)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

IMMUNIZATION FORM REQUIRED WITHIN 2 WEEKS OF SCHOOL'S BEGINNING

**Doors will be open at 8:55 a.m. and pick-up will be no later than 12:00 p.m.**

Person(s) who may pick-up \_\_\_\_\_

TO WHOM IT MAY CONCERN:

In the event of a medical emergency, I hereby give permission to IN HIS STEPS PRESCHOOL MINISTRY to render any necessary emergency medical treatment. In the event that I cannot be reached and my child needs emergency treatment, I authorize an attending physician at the nearest emergency room to administer necessary treatment to my child. I agree to assume all financial responsibility. I will hold In His Steps Preschool and it's staff, Good Shepherd Baptist Church and it's staff, Board of Overseers and Deacons, and the Southern Baptist Convention harmless for any accident or injury that may occur to my child while attending In His Steps Preschool Ministry.

Signature of Parent and Date:

\_\_\_\_\_

Insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

In consideration for the valuable childcare services provided by In His Steps Preschool, I, \_\_\_\_\_, authorize Good Shepherd Baptist Church, In His Steps Preschool, their agents, their employees, and their assignees to photograph my child/children and to display the likeness of my child/children in promotional material, including print and Internet advertisements. I acknowledge that any digital or print photographs taken while my child/children are under the care of In His Steps Preschool or otherwise on the premises of Good Shepherd Baptist Church, will be the property of Good Shepherd Baptist Church and that I may not reproduce or disseminate them without express consent.

Sign and Date:

\_\_\_\_\_

School Activities Permission:

I \_\_\_\_\_, give my permission for my child \_\_\_\_\_ to use play equipment and participate in all center activities, to leave the premises under the supervision of a staff member for neighborhood walks and field trips when using Good Shepherd Baptist Church's vehicle.

Sign and Date:

\_\_\_\_\_