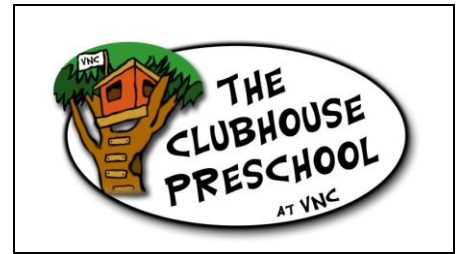


**Registration Form
2012-2013**

**The Clubhouse Preschool at VNC
Valparaiso Nazarene Church
2702 Glendale Blvd.
Valparaiso, IN 46383
(219)462-2751
Website: valponaz.org**



Date _____

Please circle class: M/W/F (4 & 5 year old class) T/TH (3 year old class)

Child's Full Name _____ Nickname _____

Birth Date _____ M _____ F _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Mother's/Guardian's

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Employer _____

Occupation _____

Work Phone _____ Cell # _____

Father's/Guardian's

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Employer _____

Occupation _____

Work Phone _____ Cell # _____

Parents are: Married /Divorced /Separated /Widowed /Single

Child resides with Both Parents Mother Father Other

Emergency Contacts

Primary Emergency Contact (other than parents/guardian)

Name _____

Home Phone _____ Work Phone _____

Address _____ City _____ State _____

Relationship to Child _____

Secondary Emergency Contact (other than parents/guardian):

Name _____

Home Phone: _____ Work Phone _____

Address: _____ City _____ State _____

Relationship to Child _____

Person(s) authorized to pick up my child besides parents/guardians or emergency contacts:

#1 _____

#2 _____

#3 _____

(With prior notice from parent/guardian and proper ID only)

Paperwork Due by August 1, 2012 to insure enrollment includes:

- Copy of Child's Birth Certificate
- Copy of Child's Immunization Record
- September tuition is also due by August 1, 2012

Emergency Release

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child, may be given emergency treatment by an employee of Valparaiso Nazarene Church. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment.

Parent/Guardian Signatures _____

Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parent/Guardian Signatures _____

Date _____

Valparaiso Nazarene Church will not be responsible for paying for the child's health care.

● Child's physician _____

Phone _____

● Preferred hospital _____

Phone _____

● Insurance Company _____

Policy # _____

● Regular medications _____

● Medicine allergies _____

● Food allergies _____

● Any other allergies _____

● Any special health conditions _____

Office Use Only:

\$50 Registration Fee _____

Birth Certificate _____