



REGISTRATION FORM 2024-2025

Program Choices:

Days applying for: Tuesdays & Thursdays Tuesdays only Thursdays only

We **strongly** recommend both days a week! 😊

Child's Information:

Child's Name: _____ Name Child goes by: _____

First

Middle

Last

Child's Age _____ Date of Birth _____ Gender: Boy Girl

Parent Information:

Mother's Name _____

Occupation: _____

Phone: (Cell) (_____) _____ (W) (_____) _____ (H)(_____) _____

Father's Name _____

Occupation: _____

Phone: (Cell) (_____) _____ (W) (_____) _____

Home Address _____

Street Address

City

State

Zip

Marital Status: Single _____ Married _____ Divorced _____

E-mail Address(es) _____

Does your child have any allergies or special needs of which we should be aware? _____

If yes, please explain: _____

Are Child's Immunizations up to date? Yes No
(We do **not** need a copy of the immunization record)

AGREEMENT FORM

I have received a copy of the LIFT Day policies of Concord Baptist Church and I agree to abide by the regulations and requirements therein. I understand that there are inherent risks that come with sending my child to a preschool program, and I agree not to hold Concord Baptist Church, the LIFT Day Director, and/or any teacher responsible in case of accident or injury or sickness. I agree to send my child to LIFT regularly except when the child may be sick, or when unusual or difficult circumstances make it necessary for them to miss a day.

I agree to pay all LIFT Day fees when they are due and no later than the "Last Day Due" date on Fee Assessment form. I understand there will be a \$10 late fee added to my fees if I am later than that date. I further understand that if I am more than one month past due on my account that my child will have to leave the program. I am also responsible to let the LIFT Day director be aware of any financial difficulties I might have in paying my fees. If I have to withdraw my child for any reason, I understand that I must give a 2 week notice. If one is not given, I must pay 1/2 of the month's tuition. **I UNDERSTAND THE REGISTRATION FEE IS NON-REFUNDABLE.** I understand that there will be no reduction in fees for the time our child must miss due to illness, vacation, etc.

I AUTHORIZE THE LIFT DAY STAFF TO TAKE WHATEVER EMERGENCY MEDICAL MEASURES DEEMED NECESSARY FOR THE PROTECTION OF MY CHILD WHILE HE/SHE IS IN THEIR CARE. I UNDERSTAND THAT THIS AUTHORIZATION INCLUDES CALLING THE PHYSICIAN NAMED IN THE REGISTRATION FORM, IMPLEMENTING HIS/HER INSTRUCTIONS, AND TRANSPORTING MY CHILD TO A HOSPITAL OR CLINIC WITHOUT FIRST OBTAINING MY CONSENT.

I give the Director permission to administer one of the following medications to my child in case of emergency. Parents will be called before giving Benadryl (unless there is a serious allergic reaction), or Tylenol.

Children's Benadryl yes [] no [] Children's Tylenol yes [] no []
Neosporin yes [] no [] Sting Kill yes [] no []
First Aid Spray yes [] no []

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

**I give my permission for photographs of my child to be used in the newsletter, brochure, Internet use (Facebook, web-site) and other LIFT related use. No last names will be used (most times no name at all).

Parent's Signature _____

For Office Use Only

Class:

___ Little Lamb ___ Dawdling Ducks ___ Cuddly Caterpillars ___ Frolicking Frogs ___ Busy Bees ___ Terrific Turtles
6 mos - 12 mos. 12 mos - 20 mos. Young 2's Older 2's/Young 3's Older 3's 4's&5's

Registration Paid _____ Date Registered _____

***Please make checks payable to CBC LIFT**