

## Olivet Preschool Registration Form 2017-2018

Please submit \$75.00 registration fee with this form. Checks to Olivet Presbyterian Church (memo: Preschool).  
2575 Garth Rd, Charlottesville, VA 22901 434.295.1367 (church office)

**Child's Full Name:** \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **M / F** **Age by Sept 30:** \_\_\_ **Home Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (Zip Code)

**Who has legal custody of this child?** (Circle all that apply.)

Mother      Father      Stepmother      Stepfather      Grandparent      Other: \_\_\_\_\_

**List family members with whom your child lives, and their relationship to the child:**

(Name/Relationship): \_\_\_\_\_  
\_\_\_\_\_

**What is your church affiliation?** (optional): \_\_\_\_\_

<b>Mother's Name:</b> _____
Address (if different): _____ _____
Home Ph (if different): _____
Employer: _____
Work Ph: _____
Cell Ph: _____
Email: _____

<b>Father's Name:</b> _____
Address (if different): _____ _____
Home Ph (if different): _____
Employer: _____
Work Ph: _____
Cell Ph: _____
Email: _____

### Emergency Contact/Pick Up Authorization

1. Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Alt. Ph: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Authorized to Pick Up: \_\_\_Yes \_\_\_No

2. Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Alt. Ph: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Authorized to Pick Up: \_\_\_Yes \_\_\_No

3. Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Alt. Ph: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Authorized to Pick Up: \_\_\_Yes \_\_\_No

*Please call ahead (church office) to give notification if someone other than a parent is picking up.*

**If there is a noncustodial parent who is not authorized to pick up your child, list his or her name and description:**

Office Use: _____	Checks payable to Olivet Presbyterian Church (memo: Preschool)
Application Type: _____	Currently Enrolled      Church Member      General Public
Deposit paid: \$75.00 _____	Date: _____