



Farmington Heights Church
910 Raleigh Rd Pkwy
Wilson, NC 27896
291-0696 Ext 17

STUDENT INFORMATION:

Child's Full Name _____ Gender _____

Preferred Name _____ Date of Birth _____

Address _____ Home Phone _____

PARENT INFORMATION:

Father's Name _____ Mother's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email _____ Email _____

Employer _____ Employer _____

Siblings and Ages _____

Church Affiliation _____

PICK UP INFORMATION:

Name of persons to be contacted and child released to if neither parent can be reached.
A child will not be released to anyone not on this form.

Name _____

Name _____

Phone _____

Phone _____

Relationship to child _____

Relationship to Child _____

Name _____

Name _____

Phone _____

Phone _____

Relationship to child _____

Relationship to Child _____

MEDICAL INFORMATION:

Medical or development issues we need to know about (allergies, hearing, eyesight, behavior, etc.)

Physician's Name _____

Physician's Phone _____

In case of emergency, I give permission for my child to receive treatment as required.

Parent Signature

Date

A Child's Place

Registration Form

2017-2018

Child's Name: _____

Parent's Name: _____

<u>Choose Class</u> 	<u>Class*</u>	<u>Days</u>	<u>Registration Fee</u>	<u>Annual Tuition</u>	<u>9 Monthly Payments</u>
	1 year olds	M,T,W	\$120.00	\$1,080.00	\$120.00
	2 year olds	M,T,W	\$120.00	\$1,080.00	\$120.00
	3 year olds	M,T,W,TH	\$120.00	\$1,260.00	\$140.00
	4 year olds	M,T,W,TH	\$120.00	\$1,260.00	\$140.00

*Children must turn 1, 2, 3, or 4 on or before August 31st to enroll for their respective class.

In completing this application parent agrees to the following:

1. The registration fee is a one-time nonrefundable fee due at time of registration.
2. Tuition is paid September through May. Annual tuition is broken into 9 equal payments and is not based on the number of days attended each month.
3. Tuition is due on the 1st of each month and is late on the 10th.
4. Annual Tuition must be paid in full unless the child moves out of the Wilson area or due to prolonged illness.

Parent Signature

Date

A Child's Place Publication Waiver

Consent for children & employees

I understand that any activities of A Child's Place at Farmington Heights are subject to be photographed or videoed by electronic equipment. I grant Farmington Heights permission to use a photograph, video image or any other representation for the expressed purpose of publication on the church website, face book, or in any other church related media. I voluntarily relinquish all rights to the photograph, image or other representation. Further, I release Farmington Heights, as well as other parties authorized by the church to use the photograph, image or other representation, from all liability.

Child's Name _____

_____ Signature _____ Date