



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 \_\_\_\_\_ Cell Phone \_\_\_\_\_  
\_\_\_\_\_

**PARENT INFORMATION:**

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

Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home 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**  
2018-2019

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	\$1,125.00	\$125.00
	2 year olds	M,T,W	\$120.00	\$1,125.00	\$125.00
	3 year olds	M,T,W,TH	\$120.00	\$1,305.00	\$145.00
	4 year olds	M,T,W,TH	\$120.00	\$1,305.00	\$145.00

\*Children must turn 1, 2, 3, or 4 on or before August 31<sup>st</sup> 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 1<sup>st</sup> of each month and is late on the 10<sup>th</sup>. A \$25.00 late fee will be charged for tuition payments not received by the 10<sup>th</sup> of each month.
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