



Morning Star Preschool Registration Form

2011-2012 School Year
100 Limekiln Road, Bechtelsville, PA 19505
Phone: 610-369-1960 Email donna@mrstar.org

Student Information:

Child's Name _____ Birth Date _____ Boy _____ Girl _____
Child's Address _____ City _____ State _____ ZIP _____
Daytime Phone Number _____ Is your child potty trained? yes _____ no _____

Family Information:

Mothers Name: _____ Cell # _____
Workplace _____ Phone # _____
Email Address _____

Father's Name _____ Cell # _____
Workplace _____ Phone # _____
Email Address _____

Other/Guardian Name _____ Cell # _____
Workplace _____ Phone # _____
Email Address _____
Relationship to Child _____

Brothers/Sisters:	Name	Age
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Special Needs: Please describe any medical condition (allergies, surgeries, hearing or speech concerns) or home concerns (ill grandparents, recent divorce, etc.) *Use back side of application if more space is needed.

I would like to register my child for:

- 2 Year Play Group on Friday's from 10:00am – 11:30am (\$100 per 8 week session) *Registration Fee waived.*
- 2 Year Play Group –Drop in Option from 10:00 – 11:30am (\$15 per session) Payment must be received one hour before class begins.

Office Use Only:

Supplemental Forms Received:

- Permission Slip / Date Received _____
- Emergency Information Sheet / Date Received _____
- Advertising Permission Slip / Date Received _____



EMERGENCY CONTACT INFORMATION

Child's Name _____ Birth Date _____
Parent/Legal Guardian #1 _____ Home # _____ Work# _____ Cell # _____
Parent/Legal Guardian #2 _____ Home # _____ Work# _____ Cell# _____

My child can be released into the custody of **ONLY THE PERSONS LISTED BELOW:**

1. _____ Home # _____ Work# _____ Cell# _____
2. _____ Home # _____ Work# _____ Cell# _____
3. _____ Home # _____ Work# _____ Cell# _____

If parents or legal guardians cannot be reached, who should be called?

Name _____ Relationship to child _____
Home # _____ Work # _____ Cell# _____
Name _____ Relationship to child _____
Home # _____ Work # _____ Cell# _____
Child's Physician _____
Address _____ Phone # _____

Child's Health Insurance Co. _____

Name on Card _____ ID # _____

Please list any special conditions, disabilities, allergies, other pertinent medical information _____

If necessary, child will be taken to Pottstown Hospital unless noted otherwise here _____

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:

I give consent to have my child receive first aid by the school's staff, and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for emergency contact person listed above to act on my behalf until I am available. My child may be released to the contact persons listed on this form. I agree to notify Morning Star Fellowship Preschool of any changes in this information.

Date: _____ Parent/Guardian Signature: _____



Permission Form

I _____ give the MSF Preschool and Morning Star
Fellowship permission to use photos of _____
for use on

- _____ Facebook
- _____ Advertising
- _____ Web Page

Parent/Guardian's Signature _____
Date _____

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