

**Blackwell Kindergarten Registration 2020-2021**

Blackwell Preschool & Kindergarten  
700 N. Road St.  
Elizabeth City, NC 27909  
(252) 334-9582

Registration Fee \_\_\_\_\_  
Cash \_\_\_\_\_ Check # \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Received by \_\_\_\_\_  
Birth Certificate \_\_\_\_\_  
Immunization Record \_\_\_\_\_  
Preschool Program \_\_\_\_\_  
School Year \_\_\_\_\_

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Child's Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

Alternative Cell \_\_\_\_\_

Email Address  
\_\_\_\_\_

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

Address \_\_\_\_\_  
(If Different)

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

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

Address \_\_\_\_\_  
(If Different)

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

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**Approved Pick Up List**

List the names of people you will permit to pick your child up from kindergarten. Children will not be released to anyone who is not on this list unless you notify the Teacher or Director.

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Treatment:** In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for Amber Nolan, Preschool & Kindergarten Director, or for other kindergarten personnel designated by the director, to authorize such treatment. I will not hold the preschool nor medical personnel responsible. This is done with the understanding that every attempt will have been made to contact parents, the child's physician, and other persons listed for emergency contact.

**Parent signature**

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Persons To Notify In Case of an Emergency (*if parents cannot be reached*):

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

List any special health, medical information or allergies that the school should be aware of concerning your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Parent Agreement Form**

As parent/legal guardian of \_\_\_\_\_

I agree to:

1. Give a 30 day-notice prior to withdrawing the child from preschool during the school term and understand that failure to do so will subject me to the responsibility of the following month's tuition;
2. Give permission for the child to participate in all excursions during the school year with further permission slips;
3. Release Blackwell Memorial Baptist Church, Blackwell Preschool & Kindergarten, their leaders and representatives, from any and all liability should an accident occur while the child is participating in school activities or field trips;
4. Give permission to qualified emergency medical help and/or doctors to treat the child in case of illness or accident if the parent cannot be contacted;
5. Pay the annual fee of \$\_\_\_\_\_ in the following manner:
  - \_\_\_\_\_ In nine monthly installments (due the first day of each month with a late fee of \$15.00 per day assessed after the tenth of the month) or
  - \_\_\_\_\_ In a single check for the entire tuition on or before September 10<sup>th</sup> of the current year.

**Fees** - \$280.00 Per Month (\$2520 year)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Additional Information**

List other children in the family (names and ages).

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List any other information that might help assist us in getting to know your child better (fears, likes, dislikes, etc.).

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List any previous preschool and/or group experiences your child has had.

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With what church is your family currently affiliated?

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Does your child attend Sunday School? \_\_\_\_\_yes    \_\_\_\_\_no