

Covenant Preschool & Children's Day Out

3131 Walton Way at Aumond Road Augusta, GA 30909 (706) 733-8102
jboocock@covenantaugusta.org

Application for Admission 2018-19

Date: _____

Birth Date: ____/____/____
Age as of Sept. 1, 2018: ____ yrs. ____ mo.

Student's Name: _____ Sex _____
Last First Middle Name to be called

Mother's/Guardian's Name: _____ E-mail address _____

Address _____ City _____ State _____ Zip Code _____

Occupation _____ Name of employer/company _____

Bus. Phone _____ Cell and/or Home Phone _____

Father's/Guardian's Name: _____ E-mail address _____

Address _____ City _____ State _____ Zip Code _____

Occupation _____ Name of employer/company _____

Bus. Phone _____ Cell and/or Home Phone _____

Student lives with: Both parents ____ Mother ____ Father ____ Other (please specify) _____

Additional emergency contact:

Name, phone # & relationship _____

Person(s) authorized to pick up your child besides yourself & spouse:

| Name | Phone and e-mail | Relationship |
|------|------------------|--------------|
|------|------------------|--------------|

Class applying for:

(Please circle class and days)

Kindergarten (must be 5 yrs. old before 9/1) **Monday through Friday**

PK-4 (must be 4 yrs. old before 9/1) **Choose Tues., Wed., Thurs. or Mondays - Fridays**

PK-3 (must be 3 yrs. old before 9/1) **Choose Tues., Wed., Thurs., or Mondays - Fridays**

Big Tots (must be 2 yrs. old before 9/1) **Choose two to five days – Mon., Tues., Wed., Thurs., and/or Fri.**
*must have two yr. old birthday before attending this class and must be two before 9/1)

Tiny Tots (must be 11 - 24 mo. before 9/1) **Choose one or two – Mon., Tues., Wed., Thurs. and/or Fri.**

Babies (must be at least 3 mo. old before 9/1) **Choose one or two – Mon., Tues., Wed., Thurs. and/or Fri.**

For Office use only:

Date enrolled _____ Amount paid _____ Check # _____ Cash _____ Registration fee _____ Tuition _____ Siblings _____

Student's Health History:

Physician or Pediatrician _____ Date of last physical exam (mo/yr) _____

Are all immunizations up to date? Yes ___ No ___ (Please turn in Certificate of Immunization form #3231)

Is your child adopted? _____ If yes, has this been explained? _____

Does your child have allergies _____ If yes, what are they and how severe? _____

Does your child wear glasses, hearing aids, or use motor aids? _____

To best serve your child, we need to know of any health problems, hyperactivity disorder, emotional problems, autism, or special needs? If any of these apply, please elaborate: _____

No medication, medical treatment, or medical monitoring will be administered at school by any Covenant Preschool employees. An Epi-Pen may be administered in life threatening cases if provided by the parent.

I release Covenant Preschool from liability due to accident or injury at school and I authorize the school to contact 911 or have my child transported to _____ Hospital if deemed necessary. Parent signature _____ Date _____

General information

List other children in your family:

| | | |
|-------|-----------|-----------------------|
| _____ | Age _____ | School (if any) _____ |
| _____ | Age _____ | School (if any) _____ |
| _____ | Age _____ | School (if any) _____ |
| _____ | Age _____ | School (if any) _____ |

How did you learn about Covenant Preschool? _____

Please share with us your place of worship: _____

Please list other preschools/daycares previously attended: _____ Dates: _____

Advertising:

I hereby give permission for Covenant Preschool to use my child's picture in advertisements and/or brochures for the school. Yes ___ No ___

Parent signature _____ Date _____

For applicants received by Sept.30th:

I hereby give permission for my child to be listed in the school directory. Yes ___ No ___

*Please note that our school directory is to be used for communication among our school families and staff only and are not to be shared or sold to outside sources. Information within the directory includes: child's name, parent's name(s), address, home phone #, & one e-mail contact.

If you chose yes, how do you want to be listed:

Parent(s) name(s) _____ Address: _____
Street number and name City State zip code

Phone #: _____ One email address: _____

Students are admitted based on classroom space availability, without regard to race, religion, and national or ethnic origin. ***All information on this application has been answered honestly, fully, and to the best of my knowledge.***

Parent signature _____ Date _____