

Covenant Preschool & Children's Day Out

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

Application for Admission 2020 - 2021

Date: _____

Birth Date: ____/____/____
Age as of Sept. 1, 2020: ____ 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 eyeglasses, 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/Guardian signature _____ Date _____

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/Guardian signature _____ Date _____