Heritage Tree Preschool
Leander United Methodist Church

***FOR OFFICE USE ONLY***
Check# ____ Amt ____ Date Pd _____
Class _____

# 2020-2021 Registration Form

| | | |
|---|---|---|
| **Student Information** (Please print clearly in blue or black ink only) | | |
| Last Name | First Name | Middle Name |
| Child's Age as of 9/1/2020<br>___ years ___ months | Birthdate (mm/dd/yyyy) | Sex:<br>☐M ☐F |
| Home Address: | | |
| Parent/Guardian Name | Phone | Email |
| Parent/Guardian Name | Phone | Email |
| **Please list all diagnosed allergies and/or medical issues (attach medical documentation signed by physician) | | |
| **Authorization for pick up** (must provide government-issued identification for students to be released) | | |
| Name | Phone | Relationship to child |
| Name | Phone | Relationship to child |
| Name | Phone | Relationship to child |
| **Authorization for Medical Attention** | | |
| Name of Physician | Address | Phone |
| Preferred Medical Facility/ER | Address | Phone |
| I give consent for the facility to secure any and all necessary emergency medical care for my child<br>Signature of Parent/Guardian _____ | | |
| **Please provide documentation for the following:**<br>☐Health insurance or ☐Self-Pay/Self-Insured<br>☐Immunization Records or ☐Immunization Exemption Affidavit | | |