

South Pointe Christian PRESCHOOL
REENROLLMENT FORM
 Circle Class Entering (2023-2024): N T K2 K3 K4

Office Use Only: Date Form Received		Registration Paid		Book/Supply Paid	
Student Information					
Student's Legal Name		Last		First	
Preferred Name		Sex	Age	Date of Birth	Month
		Day	Year		
Address	Street		City		State
		Zip			
If parents are separated or divorced with whom does the student reside?					
List any legal authority or parental restrictions:					
Father/Guardian Information					
Name					
Address					
Date of Birth					
Relationship to Student			Email Address		
Home Phone		Cell Phone		Work Phone	
Employer		Occupation			
Name and city of church you attend					
Name of your Pastor					
Mother/Guardian Information					
Name					
Address					
Date of Birth					
Relationship to Student			Email Address		
Home Phone		Cell Phone		Work Phone	
Employer		Occupation			
Name and city of church you attend					
Name of your Pastor					
Other Information					
Physician					
Dentist					
Hospital Preference					
Insurance Company Policy Number					
Emergency Contacts (if parents/guardians are unavailable)					
Name		Relationship		Home/Cell Phone	
				Work Phone	
Name		Relationship		Home/Cell Phone	
				Work Phone	
List known allergies, food restrictions, physical, emotional or behavioral disorders, and regularly administered medications:					
With whom may student be released other than parents?					
Name		Relationship		Home/Cell Phone	
				Work Phone	
Name		Relationship		Home/Cell Phone	
				Work Phone	
Name		Relationship		Home/Cell Phone	
				Work Phone	

(Over please for signature)

