



Please use this form if you are re-enrolling your child at TPK. Registration fee for returning students for 2017-2018 is \$90.
Registering a new student? Download form at truropreschool.org or visit the TPK office.

Truro Preschool & Kindergarten Office Use Only

Class Placement _____ Teacher _____

Reg. Fee \$ _____ Check # _____ Date Paid _____ Peachtree ID _____

Student ID _____ Notes _____

1st Choice Class _____ 2nd Choice Class _____

Note any placement request here: _____

Please note: Final class placement depends on many factors and is subject to the discretion of TPK administration and your child's current teachers.

Child's Name: _____ Nickname: _____ Date of Birth ____ / ____ / ____

Address: _____ City: _____ State _____ Zip: _____

Home Phone: () _____ Is the above address new in the past year? Yes No

Father Information

Full Name: _____

Occupation: _____

Work Phone: _____

Cell Phone: _____

Address (If Not Child's): _____

Email address: _____

Mother Information

Full Name: _____

Occupation: _____

Work Phone: _____

Cell Phone: _____

Address (If Not Child's): _____

Email address: _____

Emergency Contact Information

*Please list two local people (other than parents) to contact in case of an emergency when parents cannot be reached.
If English is **not** your primary language, one of your contacts **must** speak English.*

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone () _____ Phone: () _____

Alternate Phone: () _____ Alternate Phone: () _____

Family Information Update

*This information tells us how your child's life at home may have changed this year.
Please note any changes to your family in this space – a move, a new baby, or anything else you'd like us to know.*

About Your Child

This information is used to help your child's new teacher get to know him or her better before the start of school.

Please tell us what you feel is working well for your child in school this current year.

Please tell us your goals for your child in the new school year.

Please use this space to tell us anything else you'd like us to know about your child for the coming school year.

Health Information

Please use this space to note any allergies or other health needs, whether new or previously known.

Does your child have any allergies? Yes No List allergies here: _____

Please describe possible reactions: _____

Will your child need an Epi-pen, Benadryl, or other medication kept at school? Yes No _____

Please note any other health concerns or dietary needs here: _____

Emergency Health Information

Please use this space to note if your child's healthcare provider or health insurance carrier has changed in the last year.

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Health Insurance Company: _____ ID/Policy Number: _____

Subscriber's Name: _____ Employer: _____

Photo/Video Release

This section only covers TPK's use of photographs of students. We cannot influence the social media use of people outside TPK staff.

- I give permission for Truro Preschool & Kindergarten to take photographs or video of my child for *any use, internal or external*. I understand these photos and/or videos may be shared with staff, parents, Truro Church web page browsers, and others for the purpose of education, training, and presenting the school's programs.
- I request that my child not be included in any photographs or videos taken during the 2017-2018 school year *for use outside of Truro Preschool*.

I have read the Parent Handbook and agree to abide by the policies and procedures stated within.

By signing this form, I agree that to pay tuition via FACTS, the Preschool's Tuition Management Company, and understand there is a fee of no more than \$45.00 per year.

Signature of Parent/Guardian

Date