

Door to Explore



A Christian PreSchool

Registration Form

Preschool___ (\$80/month)
Pre K _____ (\$100/month)
Registration Fee \$50

We agree to make all tuition payments
by the 5th of the month.

_____ initials Father

_____ initials Mother

_____ initials Guardian

Child: _____ Age: _____ Birthdate: _____
Full Name

Address: _____

City/State: _____ Zip: _____

Mother: _____ Cell #: _____

Address: _____
(if different from child)

Occupation: _____ Work Hours: _____ Phone: _____

Business Address: _____

Father: _____ Cell #: _____

Address: _____
(if different from child)

Occupation: _____ Work Hours: _____ Phone: _____

Business Address: _____

Child lives with: _____ Mother _____ Father _____ Both _____ Guardian

Guardian: _____ Phone: _____

Relationship to child: _____ Relative _____ Foster Parent _____ Other _____
specify

Permission to Pick up

These people are authorized to pick up my child from Door to Explore Preschool

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Door to Explore Preschool is a ministry of The Door Church
905 W 22nd Street, La Porte, IN 46350
Director Phone: 219-380-9067



Emergency and Medical Information

Emergency Contact 1: _____
Name and Relationship to Child Phone

Emergency Contact 2: _____
Name and Relationship to Child Phone

Please be specific and provide as much detail as possible along with a copy of Immunization Record

Allergies: _____

Medications: _____

Other significant information: _____

Insurance: _____ Group # _____

ID # _____ Phone # _____

Physician: _____ Phone # _____

Consent to Treatment

In case of emergency and I/We cannot be reached, any Door to Explore Preschool staff or representative have permission to seek emergency medical treatment on my child's behalf.

Parent /Guardian Signature Witness Date

Parent /Guardian Signature Witness Date