

Altoona Bible Church Preschool



3017 Union Avenue, Altoona, Pa. 16602 (814) 942-2131 www.altoonabible.org abcpreschool@altoonabible.org

2024-2025 APPLICATION

In order to secure your child's enrollment for the coming school year, please complete all pages of this application and return it to *Mrs. Vicki Baughman, Director, Altoona Bible Church Preschool* at the address above. To be considered complete, all applications must be accompanied by a \$40.00 registration fee and proof of immunizations. This fee will help cover the cost of special events and school supplies for your child throughout the year.

Student will be register in: Pre-K 3 day Class Beginner-3 day Class Beginner-2 day Class

Student registering in Pre-K must turn 3 in the month of September.

Parents Email: _____

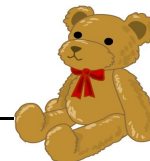
Child's Name: _____ Sex (circle one) : Male Female
Address: _____ Date of Birth: _____
_____ Home Phone: _____

Father's name: _____ Employer: _____
Address: _____ Work address: _____
_____ Home Phone: _____ Work Phone: _____
Cell Phone: _____

Mother's name: _____
Address: _____ Employer: _____
_____ Work address: _____
Home phone: _____
Cell Phone: _____ Work phone: _____

Emergency Contact (someone not listed above) : _____
Address: _____ Phone: _____
_____ Relationship to child: _____

Parental Consent Agreement



MEDICAL CARE

Staff members of the Altoona Bible Church Preschool are certified in Basic First Aid and CPR. First aid kits with adequate supplies are maintained at the school, In case of a medical emergency, every effort will be made to reach the parents or the emergency contact person(s).

I, _____, give the Altoona Bible Church Preschool my consent to:
(Parents name)

- Provide emergency medical care for (students name) _____, including transportation to the nearest emergency room if necessary.
- Agree to use parent's medical insurance first in case of an accident while in the custody of the Preschool.

Child's Health Insurance Provider: _____



PERSONAL CARE

Because of a child's developmental level, the majority of preschoolers struggle with buttons, zippers, snaps, etc. The staff will always be available to help your child with any fasteners they cannot close on their own. Parental consent is needed for staff members to assist your child with these fasteners.

I, (Parent's name) _____, give the Altoona Bible Church Preschool my consent to close any fasteners contained on (student's name) _____'s clothing. I understand that this includes buttoning/ zipping jeans and pants, fastening belts, snapping body suits that fasten between their legs, pulling up tights, tucking in shirts, ect.

Your signature below indicates that you have read and understand this Parental Consent Agreement and that you are willing to abide by the terms thereof.

Signature of Parent(s): _____ Date: _____

A cartoon illustration of a brown teddy bear sitting and wearing a red bow tie. The bear has a friendly expression with small black eyes and a simple nose and mouth. It is positioned in the center of the page.

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Signature: _____ Date: _____

Signature: _____ Date: _____