



Oakland Heights Preschool

Registration Form

(Revised 1/2019)

Name-First: _____ Middle: _____ Last: _____

Name child goes by: _____

Date of Birth: _____ Age (**by Sept. 1**): _____ Gender: () Male () Female

A non-refundable fee of \$125 per child is due upon registration.

\$75 registration fee for Oakland Heights Baptist Church members

Registering Class:

- | | | |
|------------------------------|---------------------------|--------------|
| () 2 Day 2 Year Old Class | Tuesday & Thursday | \$140/ Month |
| () 3 Day 3 Year Old Class | Monday, Wednesday, Friday | \$170/ Month |
| () Pre-K (4 Year Old) Class | Monday- Friday | \$200/ Month |

Allergies: _____

Medical Conditions: _____

Medications Taken Daily: _____

Child Resides With: () Both Parents () Mother () Father () Grandparents

() Foster Parents () Legal Guardian () Other: _____

Mother's (Legal Guardian) Name: _____ Cell/Primary Number: _____

Address: _____ Secondary Number: _____

Email Address: _____

Employer/ Occupation: _____

Father's (Legal Guardian) Name: _____ Cell/Primary Number: _____

Address (If different): _____ Secondary Number: _____

Email Address: _____

Employer/ Occupation: _____

Please list names and phone numbers of people who have permission to pick up your child.

ID will be required for pick up.

Please see Preschool Director if additional people need to be added at any time during the school year.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Church Affiliation: _____

() Yes, I would like information about Oakland Heights Baptist Church

How did you hear about Oakland Heights Preschool? _____

Shot record is required before school attendance

**Oakland Heights Preschool
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