

**Morningside Baptist Church  
Mside Weekday Preschool  
Registration Form**

For Office Use Only:  Class: _____ Amount Pd: _____ Date: _____ Immunization: _____
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Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_ Child Resides with \_\_\_\_\_

Email: \_\_\_\_\_

**If there is a separation or divorce in the family, you must provide proper court documentation regarding custody of the child.**

Are you a member of Morningside? \_\_\_\_\_ If not, what church do you attend? \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_ Siblings and Ages: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Person(s) Authorized to Pick up Child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Has your child had previous experience away from home? Yes ( ) No ( ) If yes, explain \_\_\_\_\_

Are your child's immunizations up to date? Yes ( ) No ( ) If no, explain \_\_\_\_\_

**Note: Attach a copy of immunization record. This must be on file in our office and updated yearly.**

**Mside Weekday Preschool  
Child's Health History Form**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_

\_\_\_\_\_

If so, what are your child's reactions/symptoms? \_\_\_\_\_

\_\_\_\_\_

Does your child take any medications on a regular basis? \_\_\_\_\_

If so, please list medications and reason for taking: \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about your child's development? \_\_\_\_\_

\_\_\_\_\_

Does your child receive services through the school districts of Spartanburg County or private therapy for speech, OT, or behavior? (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please comment on any other medical information or special needs the staff should know:

\_\_\_\_\_

\_\_\_\_\_

**Note: All medications must be stored in the director's office in a locked cabinet.  
Please make sure all medications to be administered have the prescribed label on the container.**

## Emergency Contact Form

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Medications: \_\_\_\_\_

Policy Number: \_\_\_\_\_ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Allergies: \_\_\_\_\_

Doctor: \_\_\_\_\_

Dentist: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

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Please read carefully and sign:

It is mutually understood that in the event of an accident or illness involving my child while in the care of Mside Weekday Preschool, that the staff is authorized to secure such medical care as the situation may reasonably warrant. The Director or a Preschool Staff member will follow the emergency vehicle to the hospital.

Parent's Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

## Peanut Release Form

Dear Parents/Guardians,

We, at Mside Weekday Preschool, believe in providing an environment that promotes and protects a child's health, well-being, and the ability to learn and grow. We ask for your help and cooperation when food and treats are brought into the classroom. Please adhere to the following guidelines:

- We are a **Peanut Free** facility.
- All snacks or treats must be commercially prepared and packaged so that we may see the ingredients listed (example: no homemade cupcakes/cakes/cookies).
- Parents should notify the teacher a few days in advance before snacks or treats are sent to the classroom for parties and celebrations so that we can ensure alternative treats are available for those children with allergies.
- Parents should ensure that all food allergies are listed (and updated regularly) on their child's information form.
- Please consider non-food treats as an alternative: consult with your child's teacher for recommendations.
- If providing snacks for non-birthday purposes, these snacks should be healthy (examples listed).

**\*\*Healthy Snack Ideas:** fruit (bite-size if in a toddler classroom), yogurt, veggies with ranch dressing, baked chips, pretzels, dry cereal, graham crackers, gold fish, animal crackers, Teddy Grahams, and commercially prepared Rice Krispy Treats.

Please cut here and return the section below. Retain the above for your reference.

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## Peanut Release Form

Child's Name: \_\_\_\_\_

Class/Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## Media Release Form

I, \_\_\_\_\_, do hereby agree to allow Mside Weekday Preschool to use pictures of my child, \_\_\_\_\_, for posting to social media, newsletters, emails, and advertising. My child's personal information will never be used in conjunction with such publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Agreement to Abide by Mside Weekday Preschool Policies/Procedures

I have read the Mside Weekday Preschool handbook, and I agree to abide by the policies and procedures listed.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (Print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_