

**Outbreak Preschool**  
**2020-2021 Registration Form**  
3490 Saluda Rd, Rock Hill, SC 29730

Child's Full Name: \_\_\_\_\_ Name called: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_Male \_\_Female Race: \_\_\_\_\_

Daytime Phone Number/Name of person registering: \_\_\_\_\_/\_\_\_\_\_

Mailing address: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Father's/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Are you a member or regular attendee of a church? \_\_\_\_ If so, which one? \_\_\_\_\_

**Emergency Information**

Mother's Work Number/Cell \_\_\_\_\_ Father's Work Number /Cell \_\_\_\_\_

Name of emergency contact \_\_\_\_\_ Phone number \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

List any allergies and/or special needs your child has: \_\_\_\_\_

Does it require an Epipen or other medication that must be administered immediately? \_\_\_\_\_

Names of those authorized to pick up your child: \_\_\_\_\_

I would like to register for:

\_\_\_\_ 2K \_\_\_\_ 3K \_\_\_\_ 4K program: 2 days, 3 days, 4 days, 5 days (Please circle your choice.)

Which days do you prefer for 2 and 3 days: \_\_\_\_\_

\_\_\_\_ Special Needs program: 2 days, 4 days (Please circle your choice.)

Registration fee: \$100 for first child (\$75 for second child; \$50 for third)

Registration Fee \_\_\_\_\_ Date \_\_\_\_\_