



# Deer Creek Shores Presbyterian Church

## Preschool

7620 Lanier Drive Cumming, GA 30041

770-888-5101

### For Office Use Only

Class: \_\_\_\_\_  
 Reg. Fee \_\_\_\_\_  
 Act. Fee \_\_\_\_\_  
 Imm. Recd. \_\_\_\_\_  
 Email \_\_\_\_\_  
 Start Date: \_\_\_\_\_

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

Age as of September 1<sup>st</sup>, 2025 \_\_\_\_\_ Child's Birthday: \_\_\_\_\_

Sex: M / F Is child potty trained? Yes / No (\*Students must be potty trained to enter the 3 thru 6-year-old classes).

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

City

Zip

Primary E-mail: \_\_\_\_\_ Additional Email (optional) \_\_\_\_\_

Home phone # \_\_\_\_\_

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

Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Fathers Employer \_\_\_\_\_ Work

# \_\_\_\_\_ Work # \_\_\_\_\_

Child lives with: (please circle one) Mother / Father/ Both / Other (specify): \_\_\_\_\_

Are there special custody arrangements of which we should be aware? \_\_\_\_\_

(\*By law, both parents have equal access to their child while he or she is in our care unless we have legal documents on file stipulating otherwise)

Name and Age of Siblings: \_\_\_\_\_

Is there anything about your child that would help us get to know them better? (Fears, likes dislikes)

Do you currently attend a Church? Yes No -If no, would you like information on what Deer Creek Shores Presbyterian Church has to offer you and your family? Yes No

How did you hear about us? \_\_\_\_\_ (ex. Website, friend, newspaper)

*If space is available, completion of this enrollment & medical form, receipt of immunization record and payment of \$120.00 reserves your child's place in our program for the current designated school term and are non-refundable. If space is not available, you will be notified, and your registration fee will be returned.*

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

Deer Creek Shores Presbyterian Church Preschool does not discriminate based on age, gender, race, color national origin, religion, or disability. We strive to meet the needs of each individual child, but if we feel we are not qualified to handle your child's disability, we reserve the right to return the registration fee.



# Medical Information and Release Form

Does your child have **any** allergies or restricted diet? \_\_\_yes\_\_\_no. If yes, please describe:\_\_\_\_\_

Does your child have any physical handicaps, speech, emotional, or behavior problems that we should be aware of? \_\_\_yes\_\_\_no If yes, please describe:

If my child becomes ill or suffers injury during the time, he/she is in the care of Deer Creek Shores Presbyterian Church Preschool, I understand that every effort will be made to contact me. For the protection of my child, I, \_\_\_\_\_parent or legal guardian of \_\_\_\_\_, hereby authorize and give my consent to this Preschool to exercise its discretion in securing medical attention and care for my child as deemed necessary. I hereby agree to assume responsibility for this emergency treatment and care for my child including but not limited to ambulance, hospital, medical or other charges resulting from said treatment and care; and I hereby authorize the Director of the Preschool to sign any papers and to provide my Health Care Insurance information as provided on this form that may be necessary to secure such treatment and care for my child. I certify that I have read and understand this consent and authorization and agree to hold harmless Deer Creek Shores Presbyterian Church Preschool for all such charges.

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

### Insurance Information:

Insurance Carrier: \_\_\_\_\_ Policy or Group#: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Insurance Company's phone number for verification of coverage: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

**\*\*Please note: A copy of your child's current immunization record MUST BE PROVIDED.**

Please list local emergency contacts for us to reach in the event we are unable to locate both parents/guardians. The following people will also have permission to pick up your child from school in the case of illness or any other emergency.

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

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

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

# Deer Creek Shores Presbyterian Church Preschool

## Exempt from Licensure Form

Our program is exempt from state licensure under the following criteria issued by the Georgia Department of Early Care and Learning; Bright from the Start Services:

1. Nursery schools, playschools, kindergartens or other educational programs for children two (2) years through six (6) years of age which operate for no more than four (4) consecutive hours per day.
2. Parent's Morning Out or similar programs which operate for no more than four (4) consecutive hours per day for no more than two (2) days per week or which limit attendance to no more than eight (8) hours per week per child.

As a Non-Profit organization, Deer Creek Shores Presbyterian Church Preschool is proud to offer the highest quality care for our students in a warm, safe, and clean environment for over 30 years. All our staff has undergone thorough background checks and are all CPR and First Aid certified with additional training in fire prevention, evacuations, and fire safety. We continue to meet all local requirements pertaining to all county building, zoning, and fire codes.

Please feel free to contact our preschool director, Carol Sorrells at 770-888-5101 if you should have any further questions or concerns.

I, \_\_\_\_\_ acknowledge that I have been informed that this program is not a licensed childcare facility. I understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

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

Date \_\_\_\_\_

Name(s) of Children registered:

1. \_\_\_\_\_ 2. \_\_\_\_\_

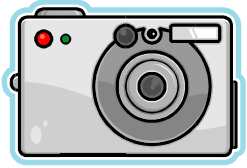
**Bright From the Start**

**Georgia Department of Early Care and Learning**

2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, GA 30334

(404) 656-5957 [www.dec.al.ga.gov](http://www.dec.al.ga.gov)

Photo



Release

I hereby grant \_\_\_\_\_ permission to Deer Creek Shores Preschool to reprint photographs of my child participating in school activities on promotional flyers, information brochures, preschool emails/newsletters, or on the school's website ([www.deercreekshores.org](http://www.deercreekshores.org)). These pictures may also be taken for use by teachers for classroom projects, scrapbooks, portfolios, or holiday slide shows. I understand these photos will not be used or sold for profit-making or commercial purposes.

I grant my permission \_\_\_\_\_ I do NOT grant my permission \_\_\_\_\_

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

Parent/Guardian Name (please print) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Signature of Parent/Guardian)

(Date)

### Parent Agreement

I, \_\_\_\_\_, whose child \_\_\_\_\_ is

enrolled at **Deer Creek Shores Presbyterian Church Preschool**, have received a copy of the **Parents' Handbook**. I have read and understood all policies and guidelines as described in the Handbook and agree to abide by them.

\_\_\_\_\_

\_\_\_\_\_

(Signature of Parent/Guardian)

(Date)