



# The Starting Gate

(434) 589-GATE

3 & 4 Centre Court Palmyra, VA 22963  
WWW.STARTINGGATEPRESCHOOL.COM

- REG FEE
- BC
- IMM
- HANDBOOK

START DATE: \_\_\_\_\_

## 2021 SUMMER SESSION REGISTRATION

Child's Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

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

Child lives with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_

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

Employer: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

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

### ATTENDANCE

Days: \_\_\_\_\_ Times: \_\_\_\_\_

Our classes follow the same cutoff date of September 30<sup>th</sup> as the Fluvanna County School System. Children who are 4 on or before the cutoff date will be enrolled in the Pre K class. Children who are 3 on or before the cutoff date will be enrolled in the Preschool class. Children who are 2 on or before the cutoff date will be enrolled in the Play and Learn class.

### PERSONS PERMITTED TO PICK-UP

(1.) Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

(2.) Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

(3.) Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

**PHYSICIAN INFORMATION**

Child’s Physician: \_\_\_\_\_

Physician’s Phone Number: \_\_\_\_\_

Please list all medical concerns or information we should know about your child:

\_\_\_\_\_  
\_\_\_\_\_

Please list all allergies that your child has or specify if they have none:

\_\_\_\_\_

I grant personnel from Beautiful Gate Ministry’s STARTING GATE PRESCHOOL permission to obtain medical attention for my child in the case of emergency.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Printed Name

**EMERGENCY CONTACTS (*other than Parents*)**

In the event we are unable to reach a parent/guardian in case of emergency, sudden illness, or circumstance requiring a child to be picked up we will contact one of the individuals you have authorized below.

(1.) Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Contact Phone Numbers (*Please provide more than one number*):

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(2.) Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Contact Phone Numbers (*Please provide more than one number*):

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_