First Presbyterian
DAY SCHOOL
1100 First Avenue, Columbus, GA 31901

ENROLLMENT FORM

School Term: 2023-2024

Class Placement

Student's Information

Name: _____
Last First Middle

Preferred Name: _____ Gender: _____ SS#: _____

Date of Birth: _____ Church Affiliation: _____

Primary Family Information

Address Line 1: _____
Street Apt. #

Address Line 2: _____
City State Zip Code County

Parent's Information

Name: _____
Last First Middle

Preferred Name: _____ Title: _____ E-Mail Address: _____

Cell Phone: _____ Emergency Contact ☐ Allowed to pick up child ☐

Company Name: _____ Job Title: _____

Business Phone: _____

Parent's Information

Name: _____
Last First Middle

Preferred Name: _____ Title: _____ E-Mail Address: _____

Cell Phone: _____ Emergency Contact ☐ Allowed to pick up child ☐
Company Name: _____ Job Title: _____
Business Phone: _____

Pickup Information (People authorized to pickup children from school OTHER THAN PARENTS)

Name: _____ Home #: _____ Cell #: _____

Name: _____ Home #: _____ Cell #: _____

Name: _____ Home #: _____ Cell #: _____

Emergency Contacts (other than parents)

1st Choice Name: _____ Relation: _____

Home #: _____ Work#: _____ Cell #:_____

2nd Choice Name: _____ Relation: _____

Home #: _____ Work #: _____ Cell#:_____

3rd Choice Name: _____ Relation: _____

Home #: _____ Work#: _____ Cell #:_____

Medical Contacts

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Hospital of Choice: _____

Insurance: _____ Policy #: _____

I hereby authorize First Presbyterian Church to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

_____
Signature Date

I hereby authorize any licensed physician or medical treatment facility to treat my child in case of an emergency in which the above physician can not respond.

_____
Signature Date

For Office Use Only

Reg. Fee Date: _____ Entrance Date _____

Check #: _____ Amt.: _____ Withdrawal Date _____