



**Allergies:** (please list and include intolerances/allergies to food, medication, or any other substances)

Chronic physical problems/limitations: \_\_\_\_\_

Name(s) of any programs/schools your child is attending in addition to this school:

Name(s) of any previous schools your child has attended:

***I have read and understand the Macedonia Chapel Preschool policy statement for the current school year.***

***I understand that Macedonia Chapel preschool is a religious exempt preschool, in compliance with VA code 63.2-1716. We are a Christian preschool and teach Christian beliefs, values, Bible stories, and the celebration and meaning of Christian holidays. We do not teach doctrine or dogma specific to any one Christian denomination. We are open to and accepting of all cultures and creeds. Children at our preschool will be attending regular chapel sessions where they will sing Bible songs and listen to simple Bible stories.***

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

***\*A \$50 non-refundable registration fee must accompany this form in order to secure your child's enrollment in the preschool.***

**DO NOT WRITE BELOW THIS LINE: OFFICE USE ONLY**

Receipt of registration form: _____ date	Proof of birth: _____
Program: MWF T/Th 5 day 3's 4's	Monthly tuition rate: \$ _____
Receipt of registration fee: _____/_____ check # amt.	Start Date: _____ Exit Date: _____