



2019 - 2020 Preschool Registration

STUDENT INFORMATION

Date: _____

Student's Name: _____

M / F

Date of Birth: _____

Age on Sept. 1, 2019: _____

PARENT INFORMATION

Parents/Guardians: _____

Address: _____

Parent/Guardian phone #: _____ Alternate phone #: _____

Primary Parent Email for teacher/staff correspondence: _____

Please use an email address that is checked consistently throughout the week during the school year.

To complete enrollment, the following must be received:	
Application fee	1 .
Registration Packet	1 .
	2.

Make checks payable to:

Compass Prep Academy, P. O. Box 691, Holly Springs, GA 30142 (Cash, check or credit cards accepted.)

MEDICAL INFORMATION

Does student have any **ALLERGIES**? Yes / No If yes, please list allergies:

Is student taking any **MEDICATIONS**? Yes / No If yes, please list medications:

Does student carry an **EPI-PEN**? Yes / No

INSURANCE INFORMATION

Name of Insurance Company:

Policy Number: _____ Ins. Co Phone Number: _____

Name of Primary Policy Holder: _____ Relationship to Student: _____

EMERGENCY CONTACT INFORMATION (if parent/guardian cannot be reached)

Name: _____ Relationship to Student: _____

Cell Phone: _____ Alternate day time phone #: _____

Name: _____ Relationship to Student: _____

Cell Phone: _____ Alternate day time phone #: _____

PERMISSION AND MEDICAL CONSENT FORM

(To be completed by parent or legal guardian of child)

As a parent or legal guardian of :

Please PRINT student's full name

I hereby give permission for my child(ren) to attend , participate and/or be transported to any activity organized by and/or for Compass Prep, Inc. This includes activities on Life Bible Church ("Church") property as well as activities that are not on said "Church" property.

I understand my signature below is my permission for my child(ren) to be transported from and to the "Church", or other location that shall be our meeting place. Also, my signature below proves that I acknowledge and accept the risk of personal injury associated with participation in the activities, including but not limited to transportation. I accept personal financial responsibility for any bodily injury sustained by my child(ren) during the activities, including but not limited to transportation.

Further, I promise to hold harmless Compass Prep, Inc. and its representatives, including but not limited to its directors, teachers, and members. I also understand and agree that Life Bible Church and its representatives have no responsibility for any of the activities and no liability, whatsoever.

I authorize any representative of Compass Prep, Inc., including but not limited to my child(ren)'s teacher(s), to have medical treatment administered to my child(ren) as they deem necessary and I guarantee payment for all such care. I understand that reasonable efforts will be made to contact me as soon as possible, if my child(ren) require(s) medical treatment. To the best of my knowledge, I have listed all of my child(ren)'s medical allergies, medications being taken, medical problems, and other pertinent information. I will update this listing as needed, to keep this information current. My child(ren) has/have my permission to participate in all Compass Prep, Inc. activities.

I give my permission for my child(ren)'s picture and name to be used on Compass Prep Inc.'s website. I release and hold Compass Prep, Inc. and its directors, teachers, members, and webmaster harmless.

Bright from the Start

Compass Prep Academy's program **is not** licensed and **is not** required to be licensed by the state of Georgia.

Father's Signature: _____ Printed Name: _____

Date: _____

Mother's Signature: _____ Printed Name: _____

Date: _____

How did you hear about us: _____

*****All students will be on a six week probationary period. Compass Prep Academy, may in its absolute discretion, dismiss the student for any reason without notice or cause.