



# The Starting Gate

3 & 4 Centre Court Palmyra VA 22963

434-589-GATE (4283)

WWW.STARTINGGATEPRESCHOOL.COM

ADMIN USE ONLY

REG FEE   
BC   
IMM REC   
HANDBOOK

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

## 2023-2024 SCHOOL YEAR REGISTRATION FORM

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

Please **circle** all days your child will attend: **MON TUES WED THUR FRI**

Please **circle** your child's **DROP OFF & PICK UP** times:

**DROP OFF:**

7:00am 9:00am

**PICK UP:**

12:00pm 3:00pm 6:00pm

### PERSONS PERMITTED TO PICK-UP

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

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

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

**-PLEASE NOTE: THIS FORM IS DOUBLE SIDED-**

**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 a 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):*

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

*Our programs follow the same cut-off date as Fluvanna County Public Schools, September 30th.  
Children who are 4 years old on or before the cut-off date will be enrolled in the Pre-K Program.  
Children who are 3 years old on or before the cut-off date will be enrolled in the Preschool Program.  
Children who are 2 years old on or before the cut-off date will be enrolled in the Play & Learn Program.*