



**Mt. Zion Wesleyan Church**

*“Bringing Our World to Him with  
Small Footsteps...Everlasting Impressions”*

# **Fall Registration 2022 - 2023**

Footsteps Preschool  
Mt. Zion Wesleyan Church  
222 Mt. Zion Church Rd.  
Thomasville, NC 27360  
(336) 472-4351  
(336) 472-4430 (fax)  
[www.footstepspreschool.org](http://www.footstepspreschool.org)  
[footstepspreschool119@gmail.com](mailto:footstepspreschool119@gmail.com)

*“Direct my footsteps according to your word”*  
Psalm 119:133



**Pick Up:** Please list names of anyone that will be picking up your child from preschool on a regular or occasional basis:

_____	_____
Name	Relationship to child
_____	_____
Name	Relationship to child
_____	_____
Name	Relationship to child
_____	_____
Name	Relationship to child
_____	_____
Name	Relationship to child

**Custody:** If there is a custody arrangement pertaining to your child, please make us aware of anyone that should not be allowed to pick up or acquire information about your child. *\*Legal documentation may be required*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***\*Footsteps Preschool will have limited accommodations for special needs children.***

## Medical Information

Please list any physical limitations or disabilities your child may have & what restrictions they may cause:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies:** Please list ALL allergies and medications needed. If your child has a severe food allergy, **please** let us know immediately so we can plan snacks accordingly & post signs in classrooms. We will also have to schedule a meeting with the child's parents/caregiver to discuss emergency procedures **before** the child is left in our care.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Information** (cont.)

**Child's Doctor Information:**

Name \_\_\_\_\_

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

Phone # \_\_\_\_\_

**Insurance Information:**

Policy holder: \_\_\_\_\_

Group/Member # \_\_\_\_\_

**Vaccination Record (birth-present)**

\*All shots need to be current

Please provide us your child's vaccination record from their doctor.

**The vaccination record must be signed or stamped by your child's physician before your child will be enrolled in Footsteps.**

**Emergency Contacts:**

In the case of an emergency we will always try to contact a parent **first**.

Please provide us with two names & contact information just in case we cannot reach a parent.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

