



Child's Name _____ Date of Birth _____
(mm/dd/yyyy)

Does your child answer to another name? _____ Who referred you to us? _____

Place of Birth _____ Sex: M ___ F ___ Child's age as of September 1, 2020 _____

Address _____

City, Zip _____ Home Phone _____

Primary e-mail _____

Father's Name _____ Work Phone _____ Cell Phone _____

Employer _____ Position _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Employer _____ Position _____

Does your child speak English? Yes No Primary language spoken at home: _____

Names and ages of siblings _____

School they attend _____

Who lives in home with the child? _____

What church do you attend? None PCC Other _____

Does your child have any allergy or special need? _____

My child is potty-trained: Yes No In process

Will your child nap at school between 1-2pm? Yes No Occasionally

Previous Preschool experience (where, how long) _____

Reason for changing schools: _____

I want to register my child for the following program:

2-year old Program

- 3-Hr. Program (9 am-12 pm) 5-Hr. Program (9 am-2 pm)

3 to 5-year old Program

- 3.5-Hr. Program (9 am-12:30 pm) 5-Hr. Program (9 am-2 pm)

How many days per week?

- 5-Day
 4-Day (Tu W Th F)
 3-Day (M W F)
 2-Day (Tu Th)
 Other _____
 Virtual Preschool

FOR SCHOOL USE ONLY

Registration Fee _____

Date: _____

Type of Payment _____

Tuition payment _____

Date: _____ Amt. _____

Type of payment _____

1st day _____

Class _____

Welcome em _____

Letter _____

I understand the registration fee is non-refundable.

Parent's Signature _____

Date _____