



Child's Name _____ Date of Birth _____

Place of Birth _____ Sex: M ___ F ___ Child's age as of September 1, 2018 _____

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? _____

Does your child have a nickname? _____ Who referred you to us? _____

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:

- 5-Hr. Program (9 am-2 pm)
- 3.5-Hr. Program (9 am-12:30 pm)
- 5-Day
- 4-Day (Tu W Th F)
- 3-Day (M W F)
- 2-Day (Tu Th)
- Other _____

Start date _____

I understand the registration fee is non-refundable.

Parent's Signature _____

Date _____

FOR SCHOOL USE ONLY

Registration Fee _____

Date: _____

Type of Payment _____

Tuition payment

Date: _____ Amt. _____

Type of payment _____

1st day _____

Class _____

Welcome em _____

Letter _____