



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, 2024 \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Primary e-mail \_\_\_\_\_  Billing  School News

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Primary e-mail \_\_\_\_\_  Billing  School News

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

My child naps  Yes  No  Occasionally \_\_\_\_\_ (time)

Previous Preschool experience (where, how long) \_\_\_\_\_

Reason for changing schools: \_\_\_\_\_

**I want to register my child for the following program:**

3-Hr.       5-Hr.       6-Hr.

**(9 am-12 pm)      (9 am-2 pm)**

**Days:**

- 5 days
- 4 days M T W Th F (circle 4 days)
- 3 days M T W Th F (circle 3 days)
- 2 days M T W Th F (circle 2 days)\***2 yr olds only**

**I understand the registration fee is non-refundable.**

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

| <b>FOR SCHOOL USE ONLY</b> |       |
|----------------------------|-------|
| Registration Fee           | _____ |
| Date:                      | _____ |
| Type of Payment            | _____ |
| Tuition payment            | _____ |
| Date: _____ Amt. _____     |       |
| Type of payment            | _____ |
| 1st day                    | _____ |
| Class                      | _____ |
| Welcome em                 | _____ |
| Letter                     | _____ |