



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, 2025 \_\_\_\_\_

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.       8-Hr.  
**(9 am-12 pm)      (9 am-2 pm)      (9 am-5 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 \_\_\_\_\_

<p><b>Early Drop Off</b></p> <p><input type="checkbox"/> Early care everyday 7:45 - 9 am</p> <p><input type="checkbox"/> Early care everyday 8 - 9 am</p>
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<p><b>FOR SCHOOL USE ONLY</b></p> <p>Registration Fee _____</p> <p>Date: _____</p> <p>Type of Payment _____</p> <p>-----</p> <p>Tuition payment</p> <p>Date: _____ Amt. _____</p> <p>Type of payment _____</p> <p>1st day _____</p> <p>Class _____</p> <p>Welcome em _____</p> <p>Letter _____</p>
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