

Child's Full name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

PLEASE CIRCLE EACH ITEM

2 year olds\*

How many days: 2 3 4 5      Select days: Monday Tuesday Wednesday Thursday Friday  
Select session times: 9:00 – 12:00 or 9:00 – 3:00

3 year old\*

How many days: 2 3 4 5      Select days: Monday Tuesday Wednesday Thursday Friday  
Select session times: 9:00 – 12:00 or 9:00 – 3:00

4 year old\*

How many days: 4 5      Select days: Monday - Thursday or Monday - Friday  
Select session times: 9:00 – 12:00 or 9:00 – 3:00

\*official class schedule will be formed in August based on enrollment

FAMILY MEMBERS:

Sibling's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Home Church \_\_\_\_\_

MOTHER (or guardian)

FATHER (or guardian)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Date enrolled \_\_\_\_\_

Doctor/Immunizations \_\_\_\_\_

Payment method \_\_\_\_\_

Registration fee: \_\_\_\_\_

One month deposit: \_\_\_\_\_

Preschool office signature: \_\_\_\_\_