

Office Use:
 Date: ____/____/____
Mo. Day Year
 ½ Day Program (8am - 11am)
 Full Day Plus Extended Care
 (6:30am - 5:30pm)
 Partial Week

Preschool Center Registration



K3 K4

Child's Name: _____ Male Female
Last First Middle

Age: _____ Birthdate: ____/____/____ *Email: _____

Address: _____

City: _____ Zip: _____ *Best Phone Number to call or text: _____

(* The above are needed in order to be able to facilitate communication)

Allergies: Yes No Types of Allergies: _____
 Reaction to exposure: _____ Are reactions life-threatening: Yes/No
 Course of action if exposed: _____

Father's Name: _____ Cell #: _____

Father's Employer: _____ Work #: _____

Mother's Name: _____ Cell #: _____

Mother's Employer: _____ Work #: _____

Legal Guardian: Mother & Father Mother Father Other: _____

Marital Status of Biological Parents

Mother: Married Divorced Remarried Single

Father: Married Divorced Remarried Single

If applicable, non-custodial parent: Address: _____ Ph. #: _____

Non-custodial parent may not legally pick-up child from school. (Copy of court order must be on file in the school office.)

If applicable, please note step-parent's name: Step-father or Step-mother _____

Name of persons (other than biological parents) authorized to pick-up the child from the Preschool Center:

Name: _____ Relationship: _____ Cell#: _____

Name: _____ Relationship: _____ Cell#: _____

Name: _____ Relationship: _____ Cell#: _____

Name: _____ Relationship: _____ Cell#: _____

Name: _____ Relationship: _____ Cell#: _____

Explain any difficulty the child may have physically: _____

Additional information that would be helpful to the teacher: _____

_____ Church You Now Attend: _____

Insurance Co.: _____ Policy #: _____

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Statement of cooperation: In making application for my child, it is my desire to have him/her complete the school year 20__ - 20__. It is my understanding that school policy is to make no refunds on registration fees.

Parent's Signature: _____

Signature of person financially responsible for account: _____

SSN. #: _____ - _____ - _____

Mission Statement: Loving students while challenging them academically in a Christian environment.