

WINDERMERE UNION CHURCH PRESCHOOL REGISTRATION FORM

FOR OFFICE USE ONLY
 CHECK# _____ CASH _____
 DATE PAID _____
 WORD: _____

ENROLLMENT DATE _____
 CHILD'S AGE AS OF SEPT. 1 _____

NUMBER YOUR FIRST AND SECOND CHOICES FOR THE 2020-21 SCHOOL YEAR

_____ 2 yr old Mon/Wed _____ 2 1/2 yr old T/T _____ 2 1/2 yr old 2-day _____ 3 yr old 2-day _____ 3 yr old 3-day _____ 3 yr old 3-day _____ 3 yr old 2-day
 _____ VPK 3-day _____ VPK 5-day

D'S NAME: _____ (LAST) _____ (FIRST) _____ (MIDDLE) _____ (PREFERRED NAME)

HDATE: _____ SEX: _____ HOME PHONE: _____

E ADDRESS: _____

L ADDRESS: _____

ER'S NAME: _____ MOTHER'S NAME: _____

IPATION: _____ OCCUPATION: _____

ζ #: _____ CELL: _____ WORK #: _____ CELL: _____

D'S PHYSICIAN: _____ PHYSICIAN'S PHONE: _____

ANY ALLERGIES OR HEALTH PROBLEMS WE NEED TO BE AWARE OF: _____

**IF PARENTS CANNOT BE REACHED
 PERSONS OTHER THAN PARENTS WHO ARE AUTHORIZED TO REMOVE CHILD FROM SCHOOL OR TO NOTIFY IN CASE OF AN EMERGENCY OR ILLNESS:**

_____: _____ PHONE: _____
 _____ PHONE: _____
 _____ PHONE: _____
 _____ PHONE: _____