

Small Blessings Preschool

REGISTRATION FORM 2017 / 2018 ACADEMIC YEAR

Start Date Monday August 28th, 2017

*Please attach applicable non-refundable Registration Fee

OPERATION NAME Small Blessings Preschool

DIRECTOR NAME Penny Leaver

CHILD INFORMATION

NAME _____

NICKNAME _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____

GENDER MALE FEMALE

DATE OF BIRTH _____

Today's Date _____

STATUS OF PARENTS: MARRIED COMMITED SEPARATED
 DIVORCED OTHER

FATHER OR GUARDIAN

NAME _____

CELL PHONE _____

EMAIL _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____

EMPLOYER _____

WORK PHONE _____

REGISTRATION DETAILS

DESIRED START DATE

Full Time Program
 2 Days per Week 6:30am to 6:30pm
 3 Days per Week 6:30am to 6:30pm
 5 Days per Week 6:30am to 6:30pm

Part Time Program
 2 Days per Week Tu/Th 9am to 2pm
 3 Days per Week Mo/We/Fr 9am to 2pm
 5 Days per Week 9am to 2pm

CHILD LIVES WITH: _____

MOTHER OR GUARDIAN

NAME _____

CELL PHONE _____

EMAIL _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____

EMPLOYER _____

WORK PHONE _____

Small Blessings Preschool
821 S. Greenville Avenue
Allen, Texas 75002
Tel 972-396-0038

For Office Use Only:
Date Received
Date of Admission
Date of Withdrawal

Ck: _____

notes: _____