

# WINDERMERE UNION CHURCH PRESCHOOL REGISTRATION FORM

REG. FEE: DATE PAID \_\_\_\_\_ CK# \_\_\_\_\_ CASH \_\_\_\_\_

CODE WORD: \_\_\_\_\_

ENROLLMENT DATE \_\_\_\_\_

CHILD'S AGE AS OF SEPT. 1 \_\_\_\_\_

## NUMBER YOUR FIRST AND SECOND CHOICES FOR THE 2024-25 SCHOOL YEAR

\_\_\_\_ 2 yr old Mon/Wed \_\_\_\_\_ 2 1/2 yr old 3-day \_\_\_\_\_ 2 1/2 yr old 2-day \_\_\_\_\_ 3 yr old 5-day \_\_\_\_\_ 3 yr old 3-day \_\_\_\_\_ 3 yr old 2-day  
\_\_\_\_ VPK 3-day \_\_\_\_\_ VPK 5-day

CHILD'S NAME: \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (PREFERRED NAME)

BIRTHDATE: \_\_\_\_\_ SEX: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ PARENT'S NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

WORK #: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_

LIST 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:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_