

Registration Form

Valley Christian Preschool
87 E. Orange Street, Chagrin Falls, OH 44022
440-247-0390
440-247-8956 Fax
www.valleychristianpreschool.org

Child's name _____ Preferred name _____

Birthday _____ Male or Female (please circle one).

Father's name _____ Mother's name _____

Name of Siblings & Ages: _____

Home address/Zip code _____

Home Phone (_____) _____ Work Phone (_____) _____

Mom's Cell (_____) _____ Dad's Cell (_____) _____

E-mail (for billing and communication): _____

Name of Church you attend: _____

Previous preschool experience? Y or N Where? _____ When? _____

Is there a second language spoke in the home, if so what language: _____

Is there anything unique about your family's culture that you like to share? _____

What is your family's favorite activities to do together? _____

Special needs, concerns, situations or comforting techniques that we need to know about:

How did you hear about our school?: _____

Children enrolled in the preschool (3 and older) class **must** be **toilet-trained**. Diaper changing facilities are available in the toddler room (2's) only.

The preschool director and/or board reserve the right to cancel any session that does not meet minimum class size requirement.

A **\$100 non-refundable registration fee** is due upon enrollment (\$75 Registration for second sibling)