



2017-2018 Registration Form

Child's Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Male/Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of 9/1/2017: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_

**PLEASE CHECK THE CLASS FOR WHICH YOU ARE REGISTERING:**

- \_\_\_\_ Two-Year Old Mon/Wed or Tues/Thur \$140 monthly
- \_\_\_\_ Three-Year Old Tues/Thur \$140 monthly
- \_\_\_\_ Three-Year Old Mon, Wed and Fri \$175 per month
- \_\_\_\_ Four-Year Old Monday – Friday \$215 per month

**\*\*Children enrolled in the 3 & 4-year-old classroom MUST be potty trained.**

**A \$80 REGISTRATION FEE and \$40 SUPPLY FEE are due at registration and is NON-REFUNDABLE. The registration and supply fee are valid for the 2017-2018 school year only and cannot be applied towards tuition. Registration fee is \$80 for the first child and \$40 for each sibling. Please use this checklist before turning your documents into the preschool office:**

- \_\_\_\_ \$80 Registration fee first child and \$40 Sibling fee
- \_\_\_\_ Immunization Record (Blue Card)
- \_\_\_\_ \$40 Supply Fee
- \_\_\_\_ General Information Sheet

**I agree to pay September and May tuition when school starts in September.**

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_



## GENERAL INFORMATION SHEET

Child's Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male/Female Birthdate \_\_\_\_\_

Child's home phone number \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION

Mother's name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's email address \_\_\_\_\_

Mother's address \_\_\_\_\_

Mother's occupation and place of employment \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Father's name \_\_\_\_\_ Phone \_\_\_\_\_

Father's email address \_\_\_\_\_

Father's address \_\_\_\_\_

Father's occupation and place of employment \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

List local persons who may be called in an emergency and parents cannot be located:

| Name | Telephone | Relationship |
|------|-----------|--------------|
|------|-----------|--------------|

\_\_\_\_\_

\_\_\_\_\_

Child's Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Does child have any allergies? \_\_\_\_\_

\_\_\_\_\_

Are there any special food or eating instructions? \_\_\_\_\_

**FAMILY INFORMATION**

Brothers and/or Sisters (please indicate ages)

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Please list any other family members living with the child

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***PICK-UP***

Persons authorized to pick up child \_\_\_\_\_

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Persons *who May Not* pick up child \_\_\_\_\_

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***PERSONAL HISTORY***

Parent's Church Affiliation \_\_\_\_\_

Does the child attend Sunday School? \_\_\_\_\_ Where? \_\_\_\_\_

Has child had previous group or preschool experience? \_\_\_\_\_

If so, where and when? \_\_\_\_\_

What words does child use for toileting? \_\_\_\_\_

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Please describe your child's preferred activities, any particular likes/dislikes, or other traits that you feel will be helpful to share with us: \_\_\_\_\_

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