FOR OFFICE USE ONLY REG. FEE:DATE PAID CK#_ CODE WORD:	CASH	RMERE UNION CHU PRESCHOOL GISTRATION FORM	CHILDIS AGE AS OF SEPT. 1	
NUI	MBER YOUR FIRST AND SECO	ND CHOICES FOR THE 2019-202	20 SCHOOL YEAR	
2 yr old Mon/Wed2 yr ol	d T/T2 1/2 yr old 3-dayVP	2 1/2 yr old 2-day3 yr o K 3-day VPK 5-day	old 5-day3 yr old 3-day3 yr old 2-day	
CHILD'S NAME:				
CHILD'S NAME:(LAST)	(FIRST)	(MIDDLE)	(PREFERRED NAME)	
BIRTHDATE:	SEX:	HOME PHONE:		
HOME ADDRESS:				
	E: MOTHER'S NAME:			
OCCUPATION:	OCC	UPATION:		
WORK #: CELL:	CELL:WORK #: CELL:		CELL:	
DIOTANT ADDENOLDS ON HEADTH 1	RODLEMS WE REED TO BE	AWARE OF,		
PERSONS OTHER THAN PARENTS V		S CANNOT BE REACHED OVE CHILD FROM SCHOOL OR TO	NOTIFY IN CASE OF AN EMERGENCY OR ILLNESS:	
NAME:	PHO	ONE:		
NAME:				

PHONE:_

PHONE:_

NAME:

NAME: