

FOR OFFICE USE ONLY

REG. FEE: DATE: _____ CH # _____ CASH _____
CODE WORD _____

WINDERMERE UNION CHURCH PRESCHOOL REGISTRATION FORM

ENROLLMENT DATE _____
AGE AS OF SEPT. 1 _____

NUMBER YOUR FIRST AND SECOND CHOICES FOR THE 2022-2023 SCHOOL YEAR

___ 2 Year Old M/W ___ 2 Year Old T/TH ___ 2 1/2 Year Old 3-Day ___ 2 1/2 Year Old 2-Day ___ 3 Year Old 5-Day ___ 3 Year Old 3-Day ___ 3 Year 2-Day
___ VPK 3-Day ___ VPK 5-Day

CHILD'S NAME: _____
(LAST) (FIRST) (MIDDLE) (PREFERRED NAME)

BIRTHDATE: _____ SEX: _____ HOME PHONE: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

OCCUPATION: _____ OCCUPATION: _____

WORK #: _____ CELL: _____ WORK #: _____ CELL: _____

CHILD'S PHYSICIAN: _____ PHYSICIAN'S PHONE: _____

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: _____