

Small Blessings Preschool

REGISTRATION FORM

*Please attach applicable non-refundable Registration Fee

OPERATION NAME Small Blessings Preschool

DIRECTOR NAME Stephanie Frasca

CHILD INFORMATION

NAME _____

NICKNAME _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____

GENDER MALE FEMALE

DATE OF BIRTH _____

STATUS OF PARENTS: MARRIED COMMITED SEPARATED
 DIVORCED OTHER

FATHER OR GUARDIAN

NAME _____

CELL PHONE _____

EMAIL _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____

EMPLOYER _____

WORK PHONE _____

REGISTRATION DETAILS

TODAY'S DATE _____

DESIRED START DATE _____

- DESIRED SCHEDULE Extended Care Program 6:30am to 6:30pm
 School Day Program 8am to 3:30pm
 3 Days per Week M,W,F 6:30am to 6:30pm
 5 Half Days per Week 8am to 12:30pm
 5 Half Days per Week 12:30pm to 5pm

*Please note that part-time care is available for Junior Toddler and older and is based on availability.

CHILD LIVES WITH: _____

MOTHER OR GUARDIAN

NAME _____

CELL PHONE _____

EMAIL _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____

EMPLOYER _____

WORK PHONE _____

DESIRED START DATE _____

Small Blessings Preschool 821 S. Greenville Avenue Allen, Texas 75002 Tel 972-396-0038	For Office Use Only:	Ck:	notes:
	Date Received		
	Date of Admission		
	Date of Withdrawal		