OR ILLNESS:	NOTIFY IN CASE OF AN EMERGENCY	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:	IF PAR S WHO ARE AUTHORIZED TO	PERSONS OTHER THAN PARENT
		TO BE AWARE OF:	PROBLEMS WE NEED T	LIST ANY ALLERGIES OR HEALTH PROBLEMS WE NEED TO BE AWARE OF:
		J.		CHILD'S PHYSICIAN:
	CELL:	WORK #:	T.	WORK #: CELL:
		OCCUPATION:		OCCUPATION:
		PARENT NAME:		PARENT NAME:
				EMAIL ADDRESS:
				HOME ADDRESS:
ļ				
		HOME PHONE:	SEX:	BIRTHDATE:
3)	(PREFERRED NAME)	(MIDDLE)	(FIRST)	CHILD'S NAME: (LAST)
łay	3 yr old 3-day 3 yr old 2-day	2 1/2 yr old 2-day 3 yr old 5-day VPK 3-day VPK 5-day	2 1/2 yr old 3-day	2 yr old Mon/Wed
	HOOL SCHOOL YEAR	WINDERMERE UNION CHURCH PRESCHOOL REGISTRATION FORM NUMBER YOUR FIRST AND SECOND CHOICES FOR THE 2026-27 SCHOOL YEAR	WINDERMERE ( RE) NUMBER YOUR FIRST ANI	
	ENROLLMENT DATE:		CASH OR CC	REG. FEE:DATE PAID CK#  CODE WORD:

NAME:

NAME:

PHONE:

PHONE:

PHONE:

PHONE:

PHONE:

NAME:

NAME:

NAME: