

**WINDERMERE UNION CHURCH PRESCHOOL
REGISTRATION FORM**

NUMBER YOUR FIRST AND SECOND CHOICES FOR THE 2026-27 SCHOOL YEAR

____ 2 yr old Mon/Wed ____ 2 1/2 yr old 3-day ____ 2 1/2 yr old 2-day ____ 3 yr old 5-day ____ 3 yr old 3-day ____ 3 yr old 2-day
____ VPK 3-day ____ VPK 5-day

CHILD'S NAME: _____

(LAST)

(FIRST)

(MIDDLE)

(PREFERRED NAME)

BIRTHDATE: _____

SEX: _____

HOME PHONE: _____

HOME ADDRESS: _____

_____EMAIL ADDRESS: _____

PARENT NAME: _____

PARENT NAME: _____

OCCUPATION: _____

OCCUPATION: _____

WORK #: _____

CELL: _____

WORK #: _____

CELL: _____

CHILD'S PHYSICIAN: _____
_____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: _____

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____