| FOR OFFICE USE ONLY REG. FEE:DATE PAIDCK#_ CODE WORD: | CASH | DERMERE UNION CHURCH PRESCHOOL REGISTRATION FORM | ENROLLMENT DATE CHILD'S AGE AS OF SEPT. 1 |
|---|----------------------|---|--|
| , <u>, , , , , , , , , , , , , , , , , , </u> | NUMBER YOUR FIRST AN | D SECOND CHOICES FOR THE 2025-26 SCHOOL | OL 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 VPK 3-day VPK 5-day | yr old 3-day3 yr old 2-day |
| CHILD'S NAME:(LAST) | (FIRST) | (MIDDLE) | (PREFERRED NAME) |
| | | HOME PHONE: | |
| | | | |
| | | | |
| PARENT'S NAME: | | PARENT'S NAME: | |
| OCCUPATION: | | OCCUPATION: | |
| WORK #: CELL: | | WORK #: CE | ELL: |
| CHILD'S PHYSICIAN: | | | |
| LIST ANY ALLERGIES OR HEALTH | PROBLEMS WE NEED | TO BE AWARE OF: | |
| PERSONS OTHER THAN PARENTS | | RENTS CANNOT BE REACHED O REMOVE CHILD FROM SCHOOL OR TO NOTIFY | IN CASE OF AN EMERGENCY OR ILLNESS: |
| NAME: | | PHONE: | |
| NIAME. | | DUONE | |