

Today's Date: _____

Child's Information

Name *Date of Birth* *Present Age* *Boy or Girl*

Mother's Information

Name

Social Security Number

Address *City* *Zip*

Home Phone *Cell Phone*

Email

Place of Work

Work Address

Work Phone

Church Affiliation

Father's Information

Name

Social Security Number

Address *City* *Zip*

Home Phone *Cell Phone*

Email

Place of Work

Work Address

Work Phone

Church Affiliation

PreSchool Registration
Yearly Registration Fee: \$40.00

Please indicate Class & Time Preference

Mon-Thurs
 3-Year-Old's 9:00am-12:00pm

Mon-Fri
 4-Year-Old's 9:00am-12:00pm 1:00-4:00pm

Mon-Fri
 5-Year-Old's 9:00am-12:00pm

Who can we thank for referring you? _____

For Office Use Only

Class Placement: _____

Date Registration Fee Paid: _____ Check #: _____ Cash: _____

Receipt #