

Enrolling For Grade: _____
Date _____ 201__

Registration Paid ____ Yes ____ No
Check # _____ Date _____

Preschool Registration Card

Child's Name: _____ Age: _____ Date of Birth: _____
Last First Middle Month / Day / Year

Address: _____ Phone Number (____) _____
Street apt. #

City Zip Code

Mother (or Guardian): _____

Employment: _____ Phone: (____) _____ Hours: _____

Cell Phone: (____) _____ Pager: (____) _____ E-Mail: _____

Father (or Guardian): _____

Employment: _____ Phone: (____) _____ Hours: _____

Cell Phone: (____) _____ Pager: (____) _____ E-Mail: _____

Present or Last School attended: _____
Name

City State
Special Problems: (Special fears, allergies, health problems, etc.) _____

Church Home: _____

Child Baptized: () Yes () No Attends Sunday School: () Yes () No

Brothers and Sisters at home under age 18:

Name

Date of Birth

PERSONS TO BE CALLED IN CASE OF EMERGENCY

(Please include someone who will usually know your whereabouts.)

Name: _____

Address: _____

Home Phone: (____) _____ **Work Phone** (____) _____

Cell Phone: (____) _____ **Pager:** (____) _____

Name: _____

Address: _____

Home Phone: (____) _____ **Work Phone** (____) _____

Cell Phone: (____) _____ **Pager:** (____) _____

EMERGENCY HOSPITAL PREFERENCE:
