

# Registration Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Name Used/Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Is your child potty trained?  Yes  No  In the Process

Would you like us to help potty-train your child?  Yes  No

Does your child have any allergies?  Yes  No

Please list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Important information that you would like us to know about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your child's disposition, likes, and dislikes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What days are you interested in having your child attend?

Monday  Tuesday  Wednesday  Thursday  Friday

Which program are you interested in?

6 hour preschool program  8 hour preschool program  Afternoon Program

I would like my child to participate in bible study.  Yes  No

**Registration Fee of \$200 is nonrefundable and will hold your child's spot in the program. All paper work in your welcome packet is due one week prior to your child's start date.**

**Expected Start Date:** \_\_\_\_\_