

# 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 forms due one week prior to your child's start date. Forms may be found on our website under the "resources" tab.**

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