

CHRISTIAN PRE-SCHOOL REGISTRATION APPLICATION

School Year: _____

STUDENT INFORMATION

Name: _____ Birth Date: _____

Home address: _____ Age as of Sept: _____

City/Town/Zip: _____ School District: _____

Home Phone: _____ Program: _____ Days: _____

PARENT/GUARDIAN/CARETAKER INFORMATION

MOTHER/GUARDIAN

Name & Address (if different than above):

Cell Phone: _____

E-Mail: _____

Place of Business: _____

Occupation: _____

Hrs. of Work: _____

Business Phone: _____

FATHER/GUARDIAN

Name & Address (if different than above):

Cell Phone: _____

E-Mail: _____

Place of Business: _____

Occupation: _____

Hrs. of Work: _____

Business Phone: _____

CARETAKER (if any): Name: _____

Phone number where caretaker can be reached during preschool: _____

When & Where Care is given: _____

THREE OTHER EMERGENCY CONTACTS: (list name, relationship, phone number)

1. _____

2. _____

3. _____

FAMILY INFORMATION: Church/Religious Affiliation: _____

Doctor's Name, Address & Phone: _____

***LIST ANY ALLERGIES HERE:** _____

Is your child receiving any services at this time? _____

Siblings & Ages? _____ (Pg. 2 →)

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FAMILY INFORMATION (cont'd) Family Primary Language: _____

U.S. Citizen: YES _____ NO _____ (If "no," please complete next line*)

Family Country of Origin: _____ Date of arrival in US: _____

Other Family Members Living in Home: _____

Has child had other group-play experiences? _____

Has child received care from other caretakers? _____

How do you handle separation/transitions? _____

How do you handle discipline? _____

Child's favorite toys/activities: _____

Does child have other friends in our program? _____

GENERAL INFORMATION and PARENTAL/GUARDIAN PERMISSIONS

How did you hear of us? _____

Do we have your permission to use a photo of your child in our publications or in any newspaper articles?

YES _____ NO _____

Do we have your permission to use a photo of your child on our Christian Pre-School Facebook page?

YES _____ NO _____

Do we have your permission to change your child's clothing (only when needed)--or-- to change a diaper/pull-up (only when needed)? YES _____ NO _____

What are your primary goals for your child this year?

REGISTRATION IS COMPLETED WHEN WE HAVE RECEIVED THIS FORM, WITH THE \$100 REGISTRATION FEE AND YOU HAVE RECEIVED A CONFIRMATION FROM OUR OFFICE.

Signature of Parent/Guardian _____ Date: _____