

Central Christian Preschool
Fall 2017-2018 Registration Form
(Please print)

Child's Name: _____ Birth Date _____ Age _____

Address: _____

City & State _____ Zip Code _____ Email _____

Parent or guardian's name: _____

Name and contact number to call first while child is in our care:

Name _____ Phone _____

Mother's # _____ Father's #: _____

Name to call in emergency (if parents cannot be reached):

Name: _____ Phone: _____

Name: _____ Phone: _____

Names & ages of any siblings: _____

Child's Physician _____ Phone _____

Allergies and Medication (if any): _____

Name of church which child attends: _____

I hereby authorize my child to leave the preschool facility ONLY with the following persons:

Name: _____ Phone: _____

Name: _____ Phone: _____

Additional information: _____

My child will attend school on: Mon & Wed _____ or Mon _____ or Wed _____

For those children coming one day a week: I understand that my child can come on the day I have previously chosen (Mon or Wed). If I need to bring my child on another day, I will call for space availability and pay a drop in fee.

Parent's Signature: _____ Date: _____

Office use Only: Registration Fee paid: _____

Shot records given: _____