LEARNING AND GROWING IN GOD'S LOVE
First Years
Preschool & Kindergarten Center

For Office Use Only-
Date: _____
Returning Family: _____
Paid: Cash ____ Check # _____
Special Requests:
_____
Class Plcment: _____

Summer Registration Form
2020

Name of Child _____ Sex _____

Address _____
(Street) (City) (Zip)

Date of Birth _____ Age as of June 1, 2020 _____

Class days desired: (18 months-3yrs) Circle: T W TH (3's – 5's) Circle: T W TH (schoolage-5th grd.) Circle: T W TH

Full Day (9am-3pm) _____ or Part Day (9am-12pm) _____ Please check one or the other, full day or part day

Home Phone_____ Church Affiliation _____

Email Address _____

Does your child have any allergies/special medical health conditions? No Yes

If yes, please describe below and further medical paperwork is required.

_____

Name of Parents _____

Father's Place of Employment _____

Occupation_____

Address_____ Phone _____

Mother's Place of Employment_____

Occupation _____

Address_____ Phone _____

Name of Child's Physician (***must*** provide this) _____

Address_____ Phone _____

Referred to the Preschool by _____

PLEASE TURN FORM OVER…CHILD & FAMILY INFORMATION ON BACK!

Revised 2-24-20