

Registration Form

Child's Name: _____

Child's Address: _____

Child's DOB: _____

Primary Phone: _____

Mother's Name: _____

Mother's Maiden Name: _____

Father's Name: _____

Child Primarily Lives with: (Circle One)

Both Parents Mother Only
Father Only Other

If other, please explain:

Mother's Cell: _____

Mother's Email: _____

Father's Cell: _____

Father's Email: _____

If applicable, would you prefer the AM or PM Preschool session: AM PM

Has the child been screened? Yes No

Office Use Only:

Date \$65.00 was received in the office:
