

- ___ 15 Mth -23 Mth - M/W
- ___ 15 Mth -23 Mth - T/Th
- ___ 2 Year - M thru Thur
- ___ 2 Year - M/W
- ___ 2 Year - T/Th
- ___ 3 Year - Mon thru Thur
- ___ 3 Year - T/W/Th
- ___ 4 Year - Mon thru Thur
- ___ K-5 - Mon thru Thur

Payment: CK/Cash/CC

Date: _____

Packet given: _____

ABC Weekday Preschool Registration Form 2018-2019 School Year

Please Complete Information and Print Clearly

Child's Name _____ Preferred Name _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip _____

Home Phone (____) _____ Age _____ Race _____ Sex _____

Date of Birth (Month, Date, Year) _____ Place of Birth (City & State) _____

Does your child have any physical/developmental special needs? _____

Does your child have any allergies? Yes/No Does the allergy require an Epipen? Yes/No

List allergies _____

Is your child potty trained? _____

With whom does child reside? _____

Mother's Name _____ e-mail address _____

Work Phone _____ Cell Phone _____

Mother's Occupation _____ Employed by _____

Father's Name _____ e-mail address _____

Work Phone _____ Cell Phone _____

Father's Occupation _____ Employed by _____

Does your family attend church regularly? Y/N Name of Church _____

How did you hear about our program? _____