



Date: _____
 Time: _____
 Class: _____
 Non-refundable Deposit \$100
 Chk # _____
 1st Month Tuition Chk # _____

Registration Form

Child's Name _____ D.O.B. _____ Age as of Sept 1st _____

Address _____ City _____ Zip _____

Male/Female _____ Fully Potty trained (Age 3+)? Yes No Been in structured preschool before? Yes No

Health Restrictions:

Foods allergies: _____

Health: _____

Special Needs (such as physical, emotional, or delayed development):

Church Affiliation _____ Member? Yes or No

Mother's Name _____ Cell# _____

Occupation _____ Driver's License # _____

Father's Name _____ Cell# _____

Occupation _____ Driver's License # _____

Guardian's Name _____ Cell# _____

Occupation _____ Driver's License # _____

Parent/Guardian email address (print clearly) _____

Person other than parent/guardian to be contacted in case of illness or emergency:

Name _____ DL# _____ Relationship _____ Phone _____

Name _____ DL# _____ Relationship _____ Phone _____

In order to provide the safest environment possible for your child, we ask that you list anyone other than those persons listed above to whom we may release your child.

Name _____ Driver's License # _____

Name _____ Driver's License # _____

Getting Acquainted with your Family

Other Children in the Family:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Are there any changes in your child's life we should be aware of? _____

Would you be interested in subbing for a discount on tuition? Yes No

****Please return this form along with a \$100.00 non-refundable deposit.
This is the registration and fall supply fee.
Please make all checks payable to Fellowship Church***

Class enrollment is based on the child's birthdate. The handbook will be sent via email during summer break. ***The handbook includes valuable information and forms that will need to be completed and returned on the first day of school.*** You will be notified of class assignments at Open House/Meet the Teacher.

Parent Signature: _____ Date: _____