



We build strong kids, strong families, strong communities.

Registration Form

Child's Name: _____ M/F: _____ Age: _____ Date of Birth: ___/___/___

Address _____ City _____ State _____ Zip Code _____

Mother's Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father's Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Full Day Preschool: _____

Morning Preschool: _____

Room: _____

Days (please circle days interested in attending)

Monday Tuesday Wednesday Thursday Friday

Start Date:

Registration Fee:

Paid _____ Voucher _____ CPC _____ Financial Aid _____ %

Follow up:

Date: ___/___/___