Date of Registration _	
Date of Registration _	

## **PRE-REGISTRATION FORM** for

## Three-Year-Old Preschool

Child's Name: Last	First	Middle _	
Home Address	City	State	Zip
Home Phone	Age	Birthday	//
Social Security #:			
Certified Copy of Birth Certificate	Yes, it is attached	No, need a copy	School has copy
Baptism Date//	Church where Baptized		
Parents' Names: Father	1	Mother	
Parents' Church Affiliation (If differen	nt for each parent, list both.)		
Name of Church	Denomination	Location	
School District in which you reside: _			
Will your child utilize the after schoo	l Latchkey Program?	Yes	No
Child's Previous School Experience			
How many days will your child be att	tending?2 full	days (T, Th)	
	3 full	days (T, Th + 1)	
		days (T, Th + 2)	
	5 full	days (M-F)	
Paid \$200 Registration Fee	to hold spot and lock in the pr	e-registered family tuitio	on rates.
Paid \$25 to hold a spot for r August.	ny child in Preschool. This wil	l be deducted from the \$	200 registration fee in

Does anyone else live with you, who your child might talk about?
Does the child have any allergies or have any medical problems? If so, please describe:
Does the child have any special conditions or handicaps? If so, please describe:
Does your child have any strong dislikes or fears? Dislikes: Fears:
Is there anything about your child that concerns you?
As a parent, how do you handle discipline?
How is your child's behavior with brothers and sisters?
How is your child's behavior with playmates?
What is the best trait you can tell us about your child to help us know him/her better?
What is the most challenging trait you can tell us about your child to help us know him/her better?