



PRESCHOOL REGISTRATION FORM

Child's Name _____ Sex _____

Birth date _____ Age when starting Preschool _____

Parents/Guardian Name: Father _____ Mother _____

Address _____ City _____ Zip _____

Phone _____ Cell _____

Last name same as child's? _____ Does Child live at same address? _____
(If not, what is it?) (If not please write on back)

Father's Employer _____ Phone _____

Ext. _____ Cell _____

Mother's Employer _____ Phone _____

Ext. _____ Cell _____

Emergency numbers. (Do they know we have their number?) Yes No (If needed list more on back)

Name _____ Name _____

Phone _____ Phone _____

Relationship _____ Relationship _____

List any medical information of which we should be aware.

I am registering for the **MORNING** **AFTERNOON** (CIRCLE ONE) class. I understand the director will have the final discretion in placement. Return with registration fee (non-refundable, unless your registration arrives after enrollment has filled). Checks payable to: **Peoria Presbyterian Preschool**. Your child is registered, when fee is paid. You will receive final forms later. Return to school (623-486-3134 school days/hours) or Ruth Feyma 7007 W. Wanda Lynn Lane, Peoria AZ 85382.

REGISTRATION FEE IS \$35

*****FOR SCHOOL USE*****

Date received _____ Received by _____

Registration Paid _____



DIFFERENT ADDRESS FOR CHILD:

Address _____ City _____ ZIP _____

ADDITIONAL EMERGENCY NUMBERS:

Name _____ Name _____

Phone _____ Phone _____

Relationship _____ Relationship _____