

**FIRST PRESBYTERIAN CHURCH LITTLE SCHOOL  
2-YEAR OLD REGISTRATION FORM**

(Please use ink pen)

OFFICE USE ONLY

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DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ NAME CHILD PREFERS \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ BOY / GIRL (circle one)

HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

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**CLASS CHOICE:** (please mark 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice)

\_\_\_\_\_ Mondays, 9:30 am – 11:15 am

\_\_\_\_\_ Tuesdays, 9:30 am – 11:15 am

\_\_\_\_\_ Wednesdays, 9:30 am – 11:15 am

\_\_\_\_\_ Thursdays, 9:30 am – 11:15 am

\_\_\_\_\_ Fridays, 9:30 am – 11:15 am

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A Non-refundable Registration Fee of \$40.00 is required at time of enrollment

**BEST WAY TO CONTACT PARENTS DURING SCHOOL HOURS:**

\_\_\_\_\_

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**EMAIL**

**ADDRESS:** \_\_\_\_\_

**EMERGENCY INFORMATION**

IF BOTH PARENTS ARE AT WORK WHILE SCHOOL IS IN SESSION:

NAME OF CARE GIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PEOPLE TO CALL IF PARENTS ARE UNAVAILABLE:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CHILD'S TRANSPORTATION TO AND FROM SCHOOL:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**\*YOUR CHILD WILL BE DISMISSED ONLY TO THE PERSONS LISTED HERE.**

Signature of parent or guardian showing consent for child to be released to above individuals:

\_\_\_\_\_

Does your child have any allergies, if so to what? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

Is your child toilet-trained? \_\_\_\_\_

Words your child uses for going to the restroom: \_\_\_\_\_

If your child goes to church, which one? \_\_\_\_\_

Other children in the family:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Pets: \_\_\_\_\_

Why did you choose this pre-school? \_\_\_\_\_