

**PRESCHOOL REGISTRATION FORM**

Child's Name \_\_\_\_\_

What name do you wish us to use for your child \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**PLEASE NOTIFY US IMMEDIATELY WITH ANY CHANGES TO CONTACT INFORMATION.**

Child's Birthdate \_\_\_\_\_  
(Month) (Day) (Year)

Parent's Name or Guardian \_\_\_\_\_

How Will Your Child Usually Get To And From School? Please be as specific as possible, such as Parent's car, walk, babysitter, Grandparents, etc. \_\_\_\_\_

Name and Phone Number of Person To Call In Case of Emergency if we Cannot Reach You.

Will You Be In A Carpool? \_\_\_\_\_

If Yes, Please State With Whom \_\_\_\_\_

Are you interested in bus transportation for your child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does Your Child Have Any Physical or Mental Health Problems That We Need To Be Aware Of In Preschool?

Has Your Child Received All Vaccines With The Exception Of The Final Booster Shot Necessary To Enter Kindergarten Next Fall. \_\_\_\_\_ Yes \_\_\_\_\_ No  
If No, Please State Which Ones Are Still Needed

**On The Back of This Page, Please Feel Free To List Any Other Information About Your Child That Will Be Helpful To Us.**

**\$25.00 Registration Fee Payable to: Weirton Christian Center**

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_