

SKYLINE CHRISTIAN PRESCHOOL REGISTRATION FORM

Child's Name: _____ Date of Birth: _____

What name/nickname is your child to be called? _____

Father's Name: _____ Mother's Name: _____

Address: _____ Zip: _____ Home Phone: _____

Father's Occupation _____ Cell or Work Phone: _____

Mother's Occupation _____ Cell or Work Phone: _____

Father's E-mail: _____

Mother's E-mail: _____

Name of Child's Doctor: _____ Dr.'s Phone: _____

Does your child have any allergies? _____

If your child has any physical or emotional problems that might affect their behavior, please feel free to discuss this privately with the teacher. *(You may also explain on the back of this form.)*

Favorite play activities: _____

Previous group experiences: _____

Do you have a religious preference or affiliation? Yes No

If yes, would you care to specify? _____

IN CASE OF EMERGENCY, WHEN UNABLE TO CONTACT A PARENT, CALL:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

BY ENROLLING MY CHILD, I AGREE TO THE FOLLOWING *(Please read and check each item):*

Payment of \$75 preschool registration, equipment, and insurance fee at the time of registration.

To keep my child at home if there are any signs of illness or communicable diseases.

To give two week's notice if my child will be withdrawn from school.

I hereby give my permission for my child to be taken on supervised field trips throughout the school year, by foot or by car.

Registration fee received:

For office only.

Signed: _____