



260-723-5105
6685 W SR 14
South Whitley, IN 46787

Registration Form

Name of Child: _____ Sex: M or F Nickname: _____

Birth date: _____ Best Phone: _____ Parent's e-Mail Address: _____

Address: _____
street city state zip code

Class Time Preference (circle one): 9:00-11:30am or 12:30-3:00pm

PARENT(S)/GUARDIAN(S) INFORMATION

Child's Legal Guardian _____

Mother's Name: _____ Cell Number: _____

Father's Name: _____ Cell Number: _____

Parent/Guardian with whom child resides: _____

Employer (mom): _____ Work phone (mom): _____

Address: _____

Employer (dad): _____ Work phone (dad): _____

Address: _____

Church Affiliation: Mother _____ Father _____

List all children in family (Name, sex, date of birth)

Special needs, any physical disability or other information that would be helpful to your child's teacher:

What are your expectations for preschool?



Emergency Contact & Pick-up Authorization

EMERGENCY CONTACTS:

Table with 4 columns: NAME, ADDRESS, PHONE, RELATIONSHIP. Includes three rows of blank lines for data entry.

OTHER THAN THOSE ABOVE, IS ANYONE ELSE AUTHORIZED TO PICK UP YOUR CHILD?



I certify that the above information provided is accurate.

Parent or Legal Guardian

Date