

2-1/2 Year Old Registration Form

Your child must be 2 years old in March or earlier.

Place a number by every class indicating your preferences.

0 = Not an Option (*Explanation Required on Back of Form*), 1 = 1st Choice, 2 = 2nd Choice, etc.

Morning Classes

(8:45-11:15 a.m.)

MW 2 ____

TTh 2 ____

* TTh 3 ____ (*age requirement different for this class; must be 3 in November or earlier*)

Afternoon Classes

(12:30 - 3:00 p.m.)

TTh(combined 2 1/2 & 3 year olds) ____

Child Information:

Child's Full Name _____

Child's Name to be used _____ Male ____ Female ____

Date of Birth _____ *Ethnicity _____

Primary Residence: Both Parents ____ Dad Only ____ Mom Only ____ Other ____

Previous Preschool Experience _____

Home Church _____

Allergies/Food Restrictions/Other Special Needs _____

Parent/Guardian Information—complete both columns if applicable:

Name	_____	Name	_____
Relationship	_____	Relationship	_____
Employer	_____	Employer	_____
Home Address	_____	Home Address	_____
City	_____	City	_____
State/Zip	_____	State/Zip	_____
Home Phone	_____	Home Phone	_____
Work Phone	_____	Work Phone	_____
Cell Phone	_____	Cell Phone	_____
E-mail Address	_____	E-mail Address	_____