

CENTER VIEW BAPTIST CHURCH PRESCHOOL  
REGISTRATION FORM

Enrollment for the \_\_\_\_\_ school year

Please circle class: 2 year old class   3 year old class   4 year old class   Kindergarten

Child's name \_\_\_\_\_ Nickname \_\_\_\_\_  
                    First                      Middle                      Last

Date of Birth \_\_\_\_\_ Sex:    Male    Female

Address \_\_\_\_\_  
(Please include city and zip code)

Home Telephone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

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

Please list any siblings:

Name	Age	School (if attending)

Previous preschool experience (if any) \_\_\_\_\_

Name two persons to call if parents cannot be reached in event of emergency:

Name	Relationship	Phone Number

In case of emergency, what doctor would you prefer us to call?

Doctor's Name \_\_\_\_\_ Number \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Number \_\_\_\_\_

Please list any known allergies and reaction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us about any family situations which you feel may help us to understand and work with your child. (Examples may include: parent travels for job, new sibling, divorce or separation, death in family, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share some characteristics of your child. Include strengths and weaknesses, special interests, fears, anything that makes your child unique, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any talents, skills, hobbies, or career information that you or family members might share with us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your family attend church? \_\_\_\_\_ If so, where? \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

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Parent Signature

Date

