

REGISTRATION FORM

Today's Date: _____ Registration # _____

Child's Name: _____ Nickname _____

Birth date: _____ Age on September 1 _____ Male Female
(Circle one)

Primary language spoken at home: _____

Name(s) of Parents or Guardian(s) with whom child lives:

Mailing Address:

Telephone _____

Has your child had any group experiences with other young children?

Is your child currently participating in a play group or enrolled in an early childhood program? _____ (Please specify which)

When would you like your child to start in the preschool? _____

Do you have any questions? _____

Completed by: _____