



Child's Name _____ Date of Birth _____
(mm/dd/yyyy)

Does your child answer to another name? _____ Who referred you to us? _____

Place of Birth _____ Sex: M ___ F ___ Child's age as of September 1, 2026 _____

Address _____

City, Zip _____ Home Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Employer _____ Position _____

Primary e-mail _____ Billing School News

Mother's Name _____ Work Phone _____ Cell Phone _____

Employer _____ Position _____

Primary e-mail _____ Billing School News

Does your child speak English? Yes No Primary language spoken at home: _____

Names and ages of siblings _____

School they attend _____

Who lives in home with the child? _____

What church do you attend? None PCC Other _____

Does your child have any allergy or special need? _____

My child is potty-trained: Yes No In process

My child naps Yes No Occasionally _____ (time)

Previous Preschool experience (where, how long) _____

Reason for changing schools: _____

I want to register my child for the following program:

- 3-Hr. 5-Hr. 6-Hr. 8-Hr.
(9 am-12 pm) (9 am-2 pm) (9 am-3 pm) (9 am-5 pm)

Days:

- 5 days
 4 days M T W Th F (check 4 days)
 3 days M T W Th F (check 3 days)
 2 days M T W Th F (check 2 days)*2 yr olds only

Early Drop Off

- Early care everyday 7:45 - 9 am
 Early care everyday 8 - 9 am

FOR SCHOOL USE ONLY

Registration Fee _____
 Date: _____
 Type of Payment _____

 Tuition payment
 Date: _____ Amt. _____
 Type of payment _____
 1st day _____
 Class _____
 Welcome em _____
 Letter _____

I understand the registration fee is non-refundable.

Parent's Signature _____

Date _____