

School use:
Rec'd date _____
Check # _____
Amount _____

SPANISH FORT PRESBYTERIAN PRESCHOOL

Indicate the class you are registering for here.
See letter for choices.

Date of Application _____

Age Group _____ Days _____

Sex _____

Child's Name: _____ Birth Date _____

Name child goes by: _____ Home Phone: _____ Beeper or cell # _____

Address: _____ City: _____ Zip Code: _____

Father's name: _____ Address: _____

Place of employment: _____ Business Phone: _____ Cell Phone: _____

Mother's name: _____ Address: _____

Place of employment: _____ Business Phone: _____ Cell Phone: _____

Religious Affiliation: _____ Church attended: _____

Siblings: 1. _____ School attended: _____
2. _____
3. _____

Others living in the home: _____

What activities does your child enjoy most? _____

What method of discipline is used at home? _____

Does your child have any fears that need to be brought to our attention? _____

Has your child previously been in a preschool, daycare, or mother's day out program? _____

Where _____

Remarks: (allergies, medications, special needs, etc.) _____

In case of emergency, and parents cannot be reached, who may be called: (local relatives, friends, or neighbors)?

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Child's doctor: _____ **Phone:** _____

If the child's doctor cannot be reached, I give my permission for another doctor within the area to be called.

Signed: _____ **Date:** _____

The following people have permission to pick up my child from school.
Please explain – relative, friend, car pool, etc.

1. _____

2. _____

3. _____