

St. John's United Church of Christ Preschool Registration Form

Class Preference 3 year old class 4 year old class Morning Afternoon

Check # _____

Date _____

School year:

Student's Name

Date of Birth

Age as of August 1

Address

	Name	Cell Number	Occupation
Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father	<input type="text"/>	<input type="text"/>	<input type="text"/>
Step-Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>
Step-Father	<input type="text"/>	<input type="text"/>	<input type="text"/>

Siblings/Ages

Toilet Trained Since Age

Right/Left Handed (if known)

Allergies

Food or drinks they should not have

Health Problems

Speech Concerns

Fears/Emotional Needs

Elementary School they will attend

Who may pick up your child

Name

Relationship

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

Emergency contact (including parents)

NAMES

PHONE NUMBERS

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>