

Registration Form

HOLY CROSS CHRISTIAN PRESCHOOL

A Ministry of HOLY CROSS EVANGELICAL LUTHERAN CHURCH

Child's Name: _____ Desired Name: _____ Sex: _____

Home Address: _____ Birthday: _____

Street/City/Zip: _____ Home Phone: () _____

Father's Name: _____ Occupation: _____

Father's Address if different from child's: _____

Father's Employer: _____ Work Phone: () _____

Mother's Name: _____ Occupation: _____

Mother's Address if different from child's: _____

Mother's Employer: _____ Work Phone: () _____

Siblings – Name/Age/Sex: _____

Special Physical conditions/allergies we should be aware of: _____

(Please list any serious health problems or restrictions on the reverse side)

Has your child ever been in preschool before? _____ If yes, where? _____

How was our preschool referred to you? _____

In case of Emergency, contact: _____ Phone: () _____

Which class are you enrolling in at this time? _____

A \$50 Registration fee must accompany this form. The Registration is not refundable.

Signature of Parent or Guardian

Today's Date.