

2022-2023 Registration Form



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

Home Address: _____ Birthday: _____

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

Father's Name: _____ Cell Phone:() _____

Do you text?: _____

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

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

Mother's Name: _____ Cell Phone:() _____

Do you text?: _____

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

Mother's Employer: _____ Occupation: _____ 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. Checks can be made payable to Holy Cross Christian Preschool.

Signature of Parent or Guardian

Today's Date