

Reg. Fee: \$45.00____
CK#

Providence Preschool
Registration
2009-2010

4 year old____
3 year old____
2 year old____
(1 day, 2 day, 3 day)
Babies ____
(1 day, 2, day, 3 day)

Child's Name:_____
Parent's Name:_____
E-mail address_____
Home Phone: _____
Mom Cell: _____
Dad Cell: _____

Home Address:_____

Child's Date of Birth:_____
(mo/day/year)

Child's age on Sept. 1, 2009 _____

Emergency Contact: (other than parent)
Name:_____
Relationship to child:_____
Phone Number:_____
Cell Number:_____

Authorized persons to pick up child other than parent:

Medical
Information:_____

Any other information that may be useful to us to know more about your
child: