

**CONGREGATIONAL PRESCHOOL
REGISTRATION FORM**

NAME OF CHILD _____ GENDER (check one) Male Female
Last First Middle

CHILD'S PRIMARY ADDRESS _____ HOME PHONE (____) _____
Street Address City State Zip Code

DATE OF BIRTH ____/____/____ PRIMARY LANGUAGE SPOKEN _____
Month Day Year

RACIAL /ETHNIC BACKGROUND (check one) American Indian Asian Hispanic Black White

MOTHER/GUARDIAN: NAME _____ ADDRESS _____
Last First Street Address City State Zip Code

HOME PHONE (____) _____ CELL PHONE(____) _____ EMAIL ADDRESS _____

MARITAL STATUS (Please check one) Married, Divorced, Other

EMPLOYMENT AND ADDRESS _____ Wk Phone(____) _____

FATHER: NAME _____ ADDRESS _____
Last First Street Address City State Zip Code

HOME PHONE (____) _____ CELL PHONE(____) _____ EMAIL ADDRESS _____

MARITAL STATUS (Please check one) Married, Divorced, Other

EMPLOYMENT AND ADDRESS _____ Wk Phone(____) _____

WHO IS PHYSICALLY RESPONSIBLE FOR CHILD? _____

WHO IS FINANCIALLY RESPONSIBLE FOR CHILD (tuition payments)? _____

OTHER CHILDREN LIVING IN THE HOME WITH CHILD (name, age, relationship to child) _____

OTHER ADULTS LIVING IN THE HOME _____

CHILD'S DOCTOR _____ ADDRESS _____ PHONE _____

CHILD'S DENTIST _____ ADDRESS _____ PHONE _____

PERSON (**IN AUSTIN**) TO CALL IF YOU CAN'T BE REACHED

1. NAME _____ RELATIONSHIP _____
PHONE _____ ADDRESS _____

2. NAME _____ RELATIONSHIP _____
PHONE _____ ADDRESS _____

HAS YOUR CHILD HAD PREVIOUS GROUP EXPERIENCE? _____ WHERE? _____

IS YOUR CHILD LEFT HANDED OR RIGHT HANDED? _____

DOES YOUR CHILD HAVE SPECIAL CIRCUMSTANCES WHICH WILL AFFECT HIS/HER PRESCHOOL EXPERIENCE?
(if YES, please explain) _____

PARENT/GUARDIAN SIGNATURE COMPLETING THIS FORM _____ DATE _____

TO BE COMPLETED BY PRESCHOOL: 2021-2022 SCHOOL YEAR

DATE COMPLETED FORMS RECEIVED

Registration Form _____

Class Preference Form _____

Immunization Record _____

Health Care Summary _____

PAYMENTS

Registration \$50.00

Date paid _____ cash ____ check # _____

Supplies \$40.00

Date paid _____ cash ____ check # _____

Snack \$35.00

Date paid _____ cash ____ check # _____

Tuition (for month) _____

Date paid _____ cash ____ check # _____

- 2 Day AM (Thu, Fri)
- 3 Day AM (Mon, Tue, Wed)
- 5 Day AM (Mon - Fri)
- 3 Day PM (Mon, Tue, Wed)

Pre-paid discount applied