CENTER VIEW BAPTIST CHURCH PRESCHOOL REGISTRATION FORM

Enrollment for the	school year					
Please circle appropriate class:	2 year old class	3 year old class		4 year old class		
Child's name	Nickname					
First	Middle	Last				
Date of Birth		Sex:	Male	Female		
Address	(Please include city	and zin cada)		-		
	(Flease include city	and zip code)				
Home Telephone Number						
Email address						
Father's Name		Employe	r			
Work Number	Cell Number					
Mother's Name		Employe	er			
Work Number	Cell Number					
Please list any siblings:						
Name	Age	School (if attending)				
Name two persons to call if par	ents cannot be reac	hed in event o	f emerger	ncy:		
Name	Relationship		Phone Number			
Name	Relationship		Phone	2 Num		

In case of emergency, what doctor would you prefer us to call?					
Doctor's Name	Number				
	Number				
Please list any known allergies and	I reaction				
·	uations which you feel may help us to understand and work include: parent travels for job, new sibling, divorce or				
•	miciade. parent fravers for Job, new sibling, divorce of				
	s of your child. Include strengths and weaknesses, special akes your child unique, etc				
	anes your crima amque, erc.				
	pies, or career information that you or family members				
Does your family attend church?_	If so, where?				
How did you hear about our progre	am?				
 Parent Signature	Date				