

Kindergarten Registration Form

Today's Date: _____

Starting Date: _____

Student Information

First Name _____

Last Name _____

Date of Birth _____

Preferred E-Mail _____

Street Address: _____

City, State, Zip _____

Parent's Information

Mother's Name: _____

Address (if different) _____

Cell Phone: _____

Employer _____

Occupation _____

Business Phone: _____

Father's Name _____

Address (if different) _____

Cell Phone: _____

Employer _____

Occupation _____

Business Phone: _____

Has your child participated in a preschool? Y____ N____

How did you hear about Family of Christ Kindergarten? _____

Kindergarten _____

Kindergarten _____

(W/Extended Care)