

For Office Use
Date: _____
Amt. Pd: _____
Check #: _____

Good News Preschool
Jesus the Divine Word Parish
2017 – 2018 Registration

Child's Name: _____

Date of Birth: _____

Child's Nickname: _____

In which class do you wish to enroll your child:

3 year-old – Tuesday, Thursday 9:00 – 12:00 p.m. _____

4 year-old – Monday, Wednesday, Friday 9:00 – 12:00 p.m. _____

Parents' Names: _____

Address: _____

Home Phone: _____

Cell Phone: _____ E-Mail _____

Religion and Church Registered: _____

Mother's Employer: _____

Mother's Work Phone: _____

Father's Employer: _____

Father's Work Phone: _____

Does your child have any allergies, disabilities, or specific illness that would affect his/her school performance or require special health care?

No _____ Yes _____ Explain: _____

Whom do we call in case of emergency and a parent cannot be reached:

Name: _____

Phone: _____

Relationship to Child: _____

All of the above information is true to the best of my knowledge:

Signature of Parent: _____

Date: _____