

FIRST PRESBYTERIAN CHURCH PRESCHOOL 2010				<u>Office Use Only</u>	
16 E. Fifth St., Roanoke Rapids, N.C.				Date Registered	
				Amount Paid	
REGISTRATION FORM				Check #	
				Cash	
Date					
PRESCHOOLER'S NAME				SEX	M/F
DATE OF BIRTH					
PARENT INFORMATION					
FATHER			MOTHER		
ADDRESS					
TELEPHONE NUMBER					
OCCUPATION OF FATHER				PHONE	
OCCUPATION OF MOTHER				PHONE	
FAMILY MEMBERS OR OTHERS LIVING IN THE HOME (OTHER THAN PARENTS)					
NAME		AGE		RELATIONSHIP TO CHILD	
Have you had children previously enrolled in our Preschool?					
Name				Year	
PLEASE LIST THE NAMES AND PHONE NUMBERS OF PEOPLE WHO ARE ALLOWED TO PICK UP YOUR CHILD FROM PRESCHOOL					
NAME & Relationship to Child				Phone	
NAME & Relationship to Child				Phone	
NAME & Relationship to Child				Phone	
NAME & Relationship to Child				Phone	
CHURCH AFFILIATION				Phone	
FAMILY DOCTOR				Phone	
PREVIOUS GROUP EXPERIENCE					
PHYSICAL HANDICAP OR ALLERGIES					
PLEASE LIST ANY SPECIAL NEEDS OR CONCERNS THAT THE PRESCHOOL TEACHERS SHOULD KNOW ABOUT ABOUT YOUR CHILD					
IF YOU HAVE SPECIAL CIRCUMSTANCES AND THERE IS SOMEONE WHO IS <i>NOT</i> ALLOWED TO HAVE CONTACT WITH YOUR CHILD PLEASE GIVE NAME AND OTHER PERTINENT INFORMATION					
(CONTINUED ON BACK)					

