

**Noah's Ark
Christian Pre-School
Community Wesleyan Church
Kirkville, NY 13082**

REGISTRATION FORM

Child's Name _____ Date of Birth ___/___/___
(First) (Last)

Child's Nickname (if any) _____ Sex M / F Phone _____

Address _____ City _____ Zip _____

Number of siblings (younger) _____ (older) _____

Fathers Name _____ Mothers Name _____

Place of Employment _____ Place of Employment _____

Employer's Phone _____ Employer's Phone _____

Emergency name and number if neither parent can be reached _____

Babysitter's Name _____ Address _____ Phone _____

Family Physician _____ Phone _____

Please specify any allergies your child has. _____

Authorized persons child may be released to: _____

Does your child have any special problems, fears or difficulty adjusting to new situations? _____

If yes, please explain _____

Other things you may like the teacher to know about your child or family situation _____

ENROLLMENT OPTIONS:

Please indicate choice.

4 yr old program MWF am _____

3 yr old program TTH am _____

Where did you hear about our school? _____

Signature of Parent or Guardian _____

\$25 Reg. Fee Pd. _____

Date _____