

Plymouth Wesleyan Preschool

Registration Form

Child's Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Age: _____
(MM/DD/YYYY) (at enrollment)

Is your child (*check one*): Right handed Left handed

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: (_____) _____ Cell Phone # (_____) _____

Father's Name: _____ Occupation: _____

Place of Employment: _____ Work Phone #: _____

Mother's Name: _____ Occupation: _____

Place of Employment: _____ Work Phone #: _____

Other Family Members & Ages:

_____	_____
_____	_____
_____	_____

CIRCLE ONE

Class Preference:	3 & 4 yr old Mon. & Wed. 9:00 - 11:15 A.M.	3 & 4 yr old Mon. & Wed. 12:00 - 2:15 P.M.	Either
	Pre-K Mon., Wed., & Fri. 9:00 - 11:15 A.M.	Pre-K Mon., Wed., & Fri. 12:00 - 2:15 P.M.	Either

Previous School Experience: _____

Parent Signature: _____ Date: _____

For Office Use Only

Paid

Check Number

Date