

- \_\_\_ 15 Mth –23 Mth M/W
- \_\_\_ 15 Mth-23 Mth T/TH
- \_\_\_ 2 Year - M thru Thur
- \_\_\_ 2 Year - M/W
- \_\_\_ 2 Year - T/Th
- \_\_\_ 3 Year - Mon thru Thur
- \_\_\_ 3 Year - T/W/Th
- \_\_\_ 4 Year - Mon thru Thur
- \_\_\_ K-5 - Mon thru Thur

**ABC Weekday Preschool  
Registration Form  
2024-2025 School Year**

**REGISTRATION FEE IS EQUAL TO 1 MONTH'S TUITION**  
**THIS IS A NON-REFUNDABLE FEE**

**Please Complete Information and Print Clearly**

Payment: CK/Cash/CC

Date: \_\_\_\_\_

Packet given: \_\_\_\_\_

Bag: \_\_\_\_\_

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth (Month, Date, Year) \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_

Does your child have any physical/developmental special needs? \_\_\_\_\_

Does your child have any allergies? Yes/No \_\_\_\_\_ Does the allergy require an EpiPen? Yes/No \_\_\_\_\_

List allergies \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_

With whom does your child reside? \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employed by \_\_\_\_\_

Father's Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employed by \_\_\_\_\_

Does your family attend church regularly? Y/N \_\_\_\_\_ Name of Church \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_