

Skidaway Island Preschool Registration 2009-2010

For office use only		
	Date Received	Check #
Registration Form		
Registration Fee		
Supplies Fee		

Last Name: _____

Home Phone: _____

Mother's Information

Father's Information

First Name _____

Last Name _____

Cell Phone: _____

Work Phone _____

Occupation _____

Address: _____

Church Affiliation: _____

City: _____

State: _____ Zip _____

Children's Information

Child 1

Child 2

Child 3

Name: _____

BOY GIRL

BOY GIRL

BOY GIRL

Birthdate
(mm/dd/yyyy) _____

Child's age Sept. 1, 2009 _____

Days Preferred
(circle one set) M-F M/W/F T/TH

M-F M/W/F T/TH

M-F M/W/F T/TH

Next Steps
(for children aged 3 and older) YES NO

YES NO

YES NO

Days
(check all that apply) Tues. Wed. Thurs.

Tues. Wed. Thurs.

Tues. Wed. Thurs.

Permission given to Skidaway Island Preschool to photograph my child (children). YES NO

May we provide your phone number and address to classmates' parents? YES NO

Parent Signature _____

Please note on back any information regarding your child that you feel may be helpful, such as fears, habits, **allergies**, interests, previous school experiences, etc.