

**FAITH PRESCHOOL OF FAITH UCC  
REGISTRATION FORM  
2024/2025**

Class you are registering for \_\_\_\_\_

Child's age by September 1, 2024 \_\_\_\_\_ years, \_\_\_\_\_ months

Child's full name \_\_\_\_\_

Name child goes by \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_

Any Food/Medication/Seasonal Allergies? \_\_\_\_\_

**Parent/Guardian Information:**

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Stay at home mom? \_\_\_\_\_

Or Mother's Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*OVER\*\***

## **Family Information:**

Brothers and/or sisters: (Please list their names and ages)

Please list any other persons living with the child and their relationship (if any) to the child.

Has your child had a previous preschool experience? If so, when, and where?

What other preschools have you looked at before registering your child at Faith Preschool of Faith UCC?

Are there any medical problems we should be aware of?

Any additional information about your child that you think would be useful in helping him/her have a successful year at Faith Preschool.