



OFFICE USE ONLY

Reg Fee: _____

Date: _____

Preschool Registration/Emergency Release Form

Child's Name: _____

Sex: _____ Date of Birth: _____
Month Day Year

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

Father's Name: _____ Occupation: _____

Business Phone: _____ Cell Phone: _____

Mother's Name: _____ Occupation: _____

Business Phone: _____ Cell Phone: _____

Siblings' Names and Ages:

Children's previous school or group experience:

What do you want your child to gain from this class?:

Is there anything you feel we need to know about your child?

Any known allergies (food, medications, etc.):

Where Individual Belief & Vibrant Faith Community Meet



Federated Church

Emergency Release information

My child _____ has my permission, in case of an emergency, to be released to _____ . Phone Number,; _____

Doctor's Name: _____ Phone Number: _____

Parent's Signature : _____ Date: _____

Where Individual Belief & Vibrant Faith Community Meet