

**CHRIST BAPTIST CHURCH
PRESCHOOL REGISTRATION**

Two's	Three's	Four's
Date Received	_____	_____
Registration Fee	_____	_____
FOR OFFICE USE ONLY		

Today's Date _____

Child's Name _____

Birth Date _____ Boy or Girl (circle one)

Child's Age as of October 1st (March 31st for 2's) _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Mother's Name _____

Mother's Occupation _____

Mother's Place of Business _____ Phone _____

Father's Name _____

Father's Occupation _____

Father's Place of Business _____ Phone _____

Which session would you like your child to attend?

- ___ 2½ Year Old Class on Tuesday and Thursday
- ___ 3 Year Old Class on Monday, Wednesday and Friday
- ___ 4 Year Old Class on Monday, Tuesday, -Wednesday, and Thursday

Please list names of adults this child lives with and relationship to child.

Please list names and ages of all children this child lives with.

Religious Affiliation _____

Church You Attend _____

Would you like more information about our church? Yes No (circle one)

Has your child attended preschool previously? Yes No (circle one)

If so, where and when did your child attend? Describe what your child's preschool experience was there?

Thank you for your interest in Christ Baptist Preschool. We look forward to working with you and your child!

Please Note:

You will be notified by mail to confirm your registration. Specific information about classes will be mailed to you the first week of August.

Please call (859) 441-4812 with any questions.