

**ST. JOHN'S UNITED CHURCH OF CHRIST**  
**PRESCHOOL REGISTRATION FORM**

Date: \_\_\_\_\_ Class Enrolled: \_\_\_\_\_

Child's Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Number) (Street) (City/State) (Zip Code)

Home Telephone \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City/State)

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

**FAMILY INFORMATION**

Mother's Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

Parents' Special skills, hobbies, etc. \_\_\_\_\_  
\_\_\_\_\_

**Check all that applies:**

\_\_\_\_\_ Both parents living \_\_\_\_\_ Father deceased \_\_\_\_\_ Mother deceased

\_\_\_\_\_ Both parents deceased \_\_\_\_\_ Parents divorced \_\_\_\_\_ Parents separated

Whom does your child live with? \_\_\_\_\_

Is a language other than English used in your home? If so, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Church Home \_\_\_\_\_

Brothers/Sisters Names & Ages \_\_\_\_\_

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**EMERGENCY INFORMATION:**

Person(s) to contact if parent or guardian cannot be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

**MEDICAL INFORMATION:**

Child's Physician \_\_\_\_\_

(Name)

(Phone Number)

Physician Address \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_

Please list any known allergies and/or medical conditions that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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(FOR OFFICE USE ONLY)

Registration Fee Paid \_\_\_\_\_ Amount \_\_\_\_\_ Type of Payment \_\_\_\_\_

Immunization Records on file \_\_\_\_\_

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