

# *Westminster Church Preschool*

330 East Main St. P.O. Box 207  
Evans City, Pennsylvania 16033  
724-272-1381

## **Registration Form**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Home Address: Street \_\_\_\_\_  
City & Zip \_\_\_\_\_

Home Phone Number (area code): \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_

Parents: Father's Name: \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Phone # \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_

Class Preference: (circle one)    4-5 mornings                      4-5 afternoon                      3 mornings

Emergency contact: This is a backup, parents are first

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

Brothers and Sisters - Names and Ages:

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

Westminster Church Member:                                      Yes                      No                      \_\_\_\_\_

Is there anything that we should know about your child? (illnesses, allergies, restrictions, etc...)

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

Please list those persons that are permitted to pick up your child: (you may add more during the year)

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Please list those persons that I may discuss your child's progress/behavior with:

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