

**Waynesburg Christian Church Preschool
Registration Form
2024/2025 School Year**

Child's Full Name _____ Preferred Name: _____

Date of Birth: _____ Male/Female _____ Language Spoken ___ English ___ Spanish ___

Other Home Address _____ City _____ Zip _____ Phone: _____

MOTHER'S INFORMATION

Name _____ Email Address _____

Phone (for Remind & emergency contact) _____

Address (if different from above) _____

Employer _____ Work Phone _____

What church do you attend: _____

FATHER'S INFORMATION

Name _____ Email Address _____

Phone (for Remind & emergency contact) _____

Address (if different from above) _____

Employer _____ Work Phone _____

What church do you attend: _____

ADDITIONAL CHILDREN IN THE FAMILY (Please list the year of their birth.)

EMERGENCY CONTACTS (Responsible person(s) that may be called to come for your child in case of illness or other emergency if you cannot be reached)

Name _____ Relationship to child _____
Contact Number(s) _____

Name _____ Relationship to child _____
Contact Number(s) _____

AUTHORIZED PERSON(S) (Person(s) authorized to pick your child up from school in addition to emergency contacts noted above)

Name _____ Phone Number _____
Name _____ Phone Number _____
Name _____ Phone Number _____

CUSTODY ARRANGEMENTS (If there are any custody arrangements we need to be aware of, please explain below)

*** Note: A copy of all custody/divorce/guardianship papers must be on file in the church office***

I would prefer my child be in the AM ____ PM ____ class. (PreK Only)

I give permission for my child's photograph to be used in print and on social media.
(Parent Initials) _____

Parent Signature _____ Date _____

***To insure your child's admittance to the class, a \$50 registration fee is necessary.**