

3's Registration

Student: _____
Last First Middle DOB: _____

Address: _____

City/State/Zip: _____ Home Phone: _____

1. Parent Name: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Email: _____

2. Parent Name: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Email: _____

Siblings: _____

Parent special talents that might help the preschool: _____

Child's hobbies, interests and any additional comments about your child: _____

Any cultural traditions or holidays that you celebrate that you would like to share with your child's class? _____