4's Registration

Student: _____ _____ _____ DOB:_____
Last First Middle

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?_____