

HEAVENLY TREASURES PRESCHOOL STUDENT REGISTRATION FORM

Reg. Fee (\$179.00 per Child) must accompany this app. (NON. REFUNDABLE).

Today's Date: _____ Class Entering _____

Days of the week child will be attending _____

Child's Name _____ Date of Birth: _____

Home Phone: _____ Mailing Address: _____

Home Address: _____ City & State: _____

Has your child ever attended Preschool Before? _____

How Long: _____ Where: _____

Father's Name: _____ Occupation: _____

Father's Employer: _____ Bus. Phone: _____

Mom's Name: _____ Occupation: _____

Mom's Employer: _____ Bus. Phone: _____

Parent's Cell Numbers (mandatory) _____

Does child live with both parents: _____ Number of Siblings: _____

Name's and Ages: _____

Church Name and Phone Number: _____

Does your child have any physical conditions we should be aware of? _____

If yes, please describe _____

FOR OFFICE USE ONLY.

Registration Date: _____

Amount: _____

Check Number:
Book Fee
