

CrossView Preschool on Tuesdays

REGISTRATION FORM for 2024-25 school year

Tuesdays 9:00-11:30am

For Preschoolers ages 3-4

All preschool students must be potty trained.

CHILD'S NAME _____ PRIMARY PHONE _____

HOME ADDRESS _____ PO Box _____
(Street)

CITY _____ STATE _____ ZIP CODE _____

PREFERRED EMAIL _____

CHILD'S AGE _____ BOY _____ GIRL _____ BIRTHDATE _____

MOTHER'S NAME _____ FATHER'S NAME _____

CELL PHONE _____ CELL PHONE _____

WORK PHONE _____ WORK PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

PREFERRED HOSPITAL IN CASE OF AN EMERGENCY _____

DOES YOUR CHILD HAVE ANY MEDICAL ISSUES OR ANY ALLERGIES OF ANY KIND? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

When do you plan on sending your child to Kindergarten? _____

SIGNATURE _____ DATE _____

PLEASE COMPLETE LIABILITY RELEASE ON BACK SIDE