

Office Use Only:
Year: _____
Class: _____



Registration Form

Registering for (check box):

PS1 - One Year Old Class

PS2 - Two Year Old Class

PS3 - Three Year Old Class

PS4 - Four Year Old Class

First Name

Middle Name

Last Name

Name child is to be called: _____ Male Female

Date of Birth: _____ Age at enrollment _____

Address: _____

City, State, Zip _____

Mom's Name: _____ Dad's Name: _____

Mom's Bus. Phone: _____ Dad's Bus. Phone: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Child's Doctor: _____ Phone: _____

Sibling Names & Ages: _____

Alternate person to contact in case of emergency (*must be someone in Tullahoma*):

Name: _____ Phone: _____

Special Instructions/medications/allergies etc.: _____

Food Allergies: _____

Church Affiliation (optional): _____

Would you be willing to volunteer at the preschool: ___ each week ___ occasionally

Office Use Only: Registration Fee Paid: _____