

Office Use Only  
Year: \_\_\_\_\_  
Class: \_\_\_\_\_



## Fall 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: \_\_\_\_\_