



Preschool Enrichment Program

Highland View Church of Christ

Registration Form

Child's Name _____
(First) (Middle) (Last)
Name child goes by _____ Sex _____ Birth Date _____

Parent Information:

Mother's Name _____ Father's Name _____

Address _____ Address _____

City, State _____ City, State _____

Zip _____ Home Phone _____ Zip _____ Home Phone _____

E-mail address _____ E-mail address _____

Employer _____ Employer _____

Work Phone _____ Hours _____ Work Phone _____ Hours _____

If separated or divorced, who has custody? _____

Other Children in Family:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child previously attended a Preschool or Parent's Day Out Program? _____
If so, when and where? _____

Do you attend church (or other place of worship) and if so, where? _____

We may videotape and/or photograph the children during the school year. Do we have your permission to videotape and photograph your child? _____ Yes _____ No

Parent's Signature _____ Date _____