

Saturn Road Church of Christ Preschool

Pre-registration Form



Name of child: _____ Date of birth: _____

Age (as of Sept. 1st): _____ years and _____ months BOY / GIRL (circle one)

Address: _____

City: _____ Zip Code: _____ Phone: _____

Email Address: _____

Father's Name: _____ Phone: _____

Occupation: _____

Mother's Name: _____ Phone: _____

Occupation: _____

Church Affiliation: _____

A \$50 registration fee must be included with this form and is non-refundable.

Parent/ Legal Guardian Signature: _____

Date: _____

For Office Use Only

Date of enrollment: _____

Confirmed registration: Y / N

Paid registration fee: Y/ N

Class Placement: _____

Age Confirmed: Y / N