

# 2024-2025 PANDA PRESCHOOL REGISTRATION FORM

(\$25.00 Registration fee)

Date \_\_\_\_\_

**Class: 3/4's or 4/5's**

Date of Birth \_\_\_\_\_

Home Church \_\_\_\_\_

Student's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mother's Name \_\_\_\_\_

TELEPHONE# \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ ☐ TEXT

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

TELEPHONE# \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ ☐ TEXT

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone \_\_\_\_\_

School Closing Text/Contact # \_\_\_\_\_ Email \_\_\_\_\_

Sisters: names & ages

Brothers: names & ages

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any medical conditions or allergies that require special medication or services?**

EMERGENCY NAMES, ADDRESSES, TELEPHONE NUMBERS AND RELATIONSHIP TO CHILD OF TWO PERSONS TO BE CONTACTED IN THE EVENT OF AN EMERGENCY IF THE PARENT CANNOT BE REACHED.

**Please fill out completely:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ ☐ TEXT

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE# \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ ☐ TEXT

RELATIONSHIP \_\_\_\_\_

A parent's roster list of names and telephone numbers will be put in our files for each class. Please indicate if your number is unlisted or may not be given out to other parents. \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

For Office Use Only:

Fee paid \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_