



Country Christian Pre-School

Halfmoon Valley Road
Port Matilda, PA 16870
Phone 692-7458

REGISTRATION FORM

Name of child being enrolled

Birth date

Class Days

Parent or guardian of student

Parent or guardian of student

Address: _____

Address: _____

City: _____

City: _____

Zip: _____

Zip: _____

Home Phone

Cell Phone

Emergency contact Name

Phone

Siblings:

Name age

Name age

Name age

Name age

Name age

Name age

Child Being Enrolled

Are there any allergies? _____

Health concerns or special needs? _____

To insure the safety of our students, please list anyone who would be picking up your child from pre-school:

Registration Paid On _____

What are your expectations of preschool for your child? i.e. 1) to learn ABC's, 2) to be more social. etc.

Are there any concerns for your child that we may be able to help with?

Are there any special field trips you would like to take this year?

Do you have any question about our preschool program or philosophies?

Any special talents or skills you would be interested in sharing with the pre-school? i.e. read a story, sing, craft project, organizing a fund raiser, etc.

Would you be interested in volunteering in the class room?

E-mail address _____