

Preregistration Form

Name of Child _____

Age of Child (on Sept. 1, 2018) _____ Birthdate _____

Address _____

Mother's Name _____ Cell _____

Father's Name _____ Cell _____

Home Phone _____

Email _____

How did you hear about our preschool? _____

Date _____

2 & 3 Year Old Classes Only (select one):

3-day class Tuesday-Thursday _____

4-day class Monday-Thursday _____

(PMO is a Tuesday & Thursday class; 4 Year Old Class is Monday-Thursday)

Please return this form with Registration Fee.

**Antioch Christian Church Preschool
3595 Sugar Pike Road
Canton, GA 30115
770-475-9628 antiochcanton.org**