Office Use Only
Class:_____

Fall 2019 Registration Form

Registering for (check box):

☐ **PS1 - One Year Old Class** ☐ **PS2 - Two Year Old Class**

☐ **PS3 - Three Year Old Class** ☐ **PS4 - Four Year Old Class**

_____

First Name **Middle Name** **Last Name**

Name child is to be called:_____ ☐ Male ☐ Female

Date of Birth: _____ Age at enrollment _____

Address: _____

City, State, Zip_____

Mom's Name: _____ Dad's Name:_____

Mom's Bus. Phone:_____ Dad's Bus. Phone:_____

Mom's Cell Phone:_____ Dad's Cell Phone:_____

Child's Doctor: _____ Phone: _____

Sibling Names & Ages: _____

Alternate person to contact in case of emergency (*must be someone in Tullahoma*):

Name: _____Phone_____

Special Instructions/medications/allergies etc.:_____

_____

Food Allergies: _____

Church Affiliation (optional): _____

Would you be willing to volunteer at the preschool:___each week ___ occassionally

Registration Fee Paid: _____