



Ocean View Preschool

Registration Form

I wish to enroll my child in the **Ocean View Preschool** program.

Child's Name: _____ Phone: _____

Address: _____ City _____ Zip _____

Date of Birth: _____ Present Age: _____

Other Schools Attended (if any): _____

Today's Date: _____

Signature of parent or guardian

Enrolling fee: \$50.00 paid: _____ Date: _____ Check # _____

Beginning Date: _____ Days enrolled: _____

Director's signature

Visiting Day: _____

Email address: _____

T-Shirt given: _____

Emergency Kit: _____