



Kindergarten Registration Form

Today's Date: _____

Starting Date: _____

Student Information

First Name: _____

Last Name: _____

Date of Birth: _____

Preferred Phone# _____

Street Address: _____

City, State, Zip: _____

Gender: _____

Parents/Guardian Information

First & Last Name: _____

Address (if different) _____

E-Mail if different from above: _____

Cell Phone: _____

Employer: _____

Occupation: _____

Business Phone: _____

First & Last Name: _____

Address (if different) _____

E-Mail if different from above: _____

Cell Phone: _____

Employer: _____

Occupation: _____

Business Phone: _____

How did you hear about Family of Christ Kindergarten? _____

Kindergarten _____

Kindergarten with Extended Care _____