



REGISTRATION

AHWATUKEE PRESCHOOL

11002 S. 48th Street
Phoenix, AZ 85044

CHILD _____ M or F

Last Name First Middle

ADDRESS _____

Street City Zip

E-MAIL ADDRESS _____

DATE OF BIRTH _____ PHONE _____

CELL NO. _____

PARENTS _____

Father Occupation Work No.

Mother Occupation Work No.

OTHERS IN HOUSEHOLD

NAME RELATIONSHIP TO CHILD AGE

PARENT'S MARITAL STATUS

Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

What is your religious affiliation? _____

Has your child been in preschool before? _____ How long? _____

Where do you think you child will go to Kindergarten? _____

Special information: Note unique factors, such as long illness, loss of parent by separation or death. Any major events a child may have difficulty grasping, if known by our teachers, can be handled with consideration and tact, and often helps the child in the group. Also, special habits, fears, etc. _____

DOES YOUR CHILD HAVE ANY ALLERGIES OR HEALTH PROBLEMS THAT WOULD RESTRICT HIS/HER PARTICIPATION IN ANY PRESCHOOL ACTIVITIES? IF SO EXPLAIN _____

In signing this application, I understand that:

1. The registration fee is NON-REFUNDABLE
2. Tuition is due the first of each month
3. The teachers will use separation or re-direction in matters of discipline.
4. Parents are welcome to visit the classroom at any time

Parent' Signature: _____ Date: _____

Class Assignment: _____ Fees Paid: _____

Please do not write any requests on this form.