

# Mission Viejo Christian Preschool & Kindergarten Registration Form 2010-2011

Please Print

Schedule

Requested \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Male \_\_\_\_\_

Female \_\_\_\_\_

Address \_\_\_\_\_

City and Zip \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

### Phone Numbers:

Home \_\_\_\_\_

Dad's Work \_\_\_\_\_

Dad's Cell \_\_\_\_\_

Dad's Email \_\_\_\_\_

Mom's Work \_\_\_\_\_

Mom's Cell \_\_\_\_\_

Mom's Email \_\_\_\_\_

### Persons who may pick your child up in case of emergency:

1. \_\_\_\_\_

Phone \_\_\_\_\_

2. \_\_\_\_\_

Phone \_\_\_\_\_

3. \_\_\_\_\_

Phone \_\_\_\_\_

### Persons who may pick your child up at any time:

1. \_\_\_\_\_

Phone \_\_\_\_\_

2. \_\_\_\_\_

Phone \_\_\_\_\_

3. \_\_\_\_\_

Phone \_\_\_\_\_

Allergies or Illnesses \_\_\_\_\_

\_\_\_\_\_

Name of Church \_\_\_\_\_

Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Office Use Only	
Class Assignment	_____
Schedule	_____
Registration Fee	_____
Ck Number	_____
Date Paid	_____
State Forms	_____