

# Registration Form

## Providence House Preschool

Child's Full Name:

Preferred Name:

Age:

Birthday:

Address:

Email

Mother's Name:

Mother's Phone:

Father's Name:

Father's Phone

Emergency Contact #1:

Emergency Contact Phone:

Emergency Contact #2:

Emergency Contact Phone:

Please list any health problems I should be aware of, including allergies and other concerns.

I give permission for Christa Anderson to perform or seek any needed medical attention immediately for my child, \_\_\_\_\_.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

(Please include the \$20.00 registration fee with this form. Make checks payable to Christa Anderson.)