



## REGISTRATION FORM 2021-2022

PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK.

CHILD'S FULL NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ HOME PHONE# : \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

**Please check which class you are registering your child for:**

\_\_\_\_\_ 3 year old class Tuesdays and Thursdays (\$85.00 per month)

\_\_\_\_\_ 4 year old class Mondays and Wednesdays (\$85.00 per month)

\_\_\_\_\_ 4 year old class Mondays, Wednesdays, and Fridays (\$120.00 per month) (Friday session is AM ONLY)

**\*Based on enrollment numbers, CABC Preschool may offer an afternoon preschool session for 4 year olds.**

**Please check your preference as to AM or PM. We will do our best to honor your request.\***

\_\_\_\_\_ AM (9:15 to 11:45 am)

\_\_\_\_\_ PM (12:15 to 2:45 pm) (Monday and Wednesday ONLY)

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MOTHER'S FULL NAME: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK PHONE#: \_\_\_\_\_ EXT.# \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

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FATHER'S FULL NAME: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK PHONE#: \_\_\_\_\_ EXT.# \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

**PLEASE TURN OVER →**

Parents are: ☐ Married ☐ Living Together ☐ Divorced ☐ Separated  
☐ Widowed ☐ Single

Parent/Guardian (Mother) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Father) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ An advertisement Where? \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_