

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 PHONE# :		
HOME CHURCH:				
NICKNAME:				
*Based on <u>enrollment numbers</u> , CABC	nursdays (\$85.00 per month) 'ednesdays (\$85.00 per month) nesdays, and Fridays (\$120.00 per month) (Fr Preschool may offer an afternoon preschoo	l session for <u>4 year olds</u> .		
AM (9:15 to 11:45 am) PM (12:15 to 2:45 pm) (Monday	•			
		HOME PHONE #:		
STREET ADDRESS:	CELL PHONE #:	HOME PHONE #:CELL PHONE #:		
CITY, STATE, ZIP CODE:	EMAIL ADDRESS:			
OCCUPATION:	WORK PHONE#:	EXT.#		
	WORK HOURS:			
STREET ADDRESS:	CELL PHONE #:	CELL PHONE #:		
CITY, STATE, ZIP CODE:	EMAIL ADDRESS:	EMAIL ADDRESS:		
OCCUPATION:	WORK PHONE#:	WORK PHONE#: EXT.#		
NAME OF EMPLOYER:	WORK HOURS:	WORK HOURS:		

Parent/Guardia	ın with legal cust	ody:		
Parents are: _	Married	Living Together	Divorced	Separated
Widowed	Single			
^^^^^	^^^^^	^^^^		
YOUR NONRE PAYABLE TO RETURN TO: GROVE, PA 17	EFUNDABLE RE CABC. NO CAS CHRIST'S AM '362, ATTENTI	CONTRACT ARE RESPONEGISTRATION FEE OF \$5H, PLEASE) TO THIS CO ERICAN BAPTIST CHUR CON: PRESCHOOL TREA I that I am responsible fo	25 (CHECKS OR MO OMPLETED REGIST CH, 730 MENGES M SURER. I have rea	ONEY ORDERS MADE FRATION FORM AND MILLS ROAD, SPRING d and understand this is
Parent/Guardia	ın (Mother)			Date:
Parent/Guardia	ın (Father)			Date:
		l from (please check all thate eone from Christ's American		
CABC PI	reschool website			
Word o	f mouth			
Social M	Media; Facebook			
Signs; V	Vhere?			
An adve	ertisement Whe	re?		
FOR OFFICE U			^^^^	^^^^^
Received by:		Date:	Time:	