Y.W.C.A. Preschool Registration Form

Name of child: _____ Date of birth: _____

Age of Child: _____ Gender M/F: _____

Mother's name: _____ Work #:_____ Home #:_____ Cell #: _____

Address: _____

Father's name: _____ Work #:_____ Home #:_____ Cell #: _____

Address: _____

Health History of Child

Allergies: _____ Immunizations: _____

Has the child suffered any serious illnesses? _____

Does the child have any chronic medical condition? _____

Is the child receiving medication? _____ If yes, what kind? _____

Other Personal Details

Religious denomination: _____

Emergency contact address: _____

Emergency phone number: _____

(A number where you or a relative can be contacted **at all times (no cell phone #)**

Name of person responsible for collecting child: _____

Registration ,t-shirt and 1 month's security fee must be paid at the time of registration. All school fees must be paid in advance by the first of each month. (See fees below)

Parents are advised that in the event their child is absent from school, fees are still payable unless he/she has been withdrawn from school and the teacher has been notified.

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Administration Use Only:

School fees (monthly - due 1st of each mth)	**$35.00**	**Amount paid**:	$ _____
T-Shirt Cost (month of March)	**$15.00**	**Receipt no:**	_____
Registration (non-refundable)	**$40.00**	**Date:**	_____