

## Y.W.C.A. Preschool Re-registration Form



Name of child:		Date of birt	h:	
Age of Child:	Gender M/F:			
Mother's name:	Work 7	#: Home	e #:	Cell #:
Address:				
Father's name.	\^/ o #  c +		ш.	Call #
Father's name:			#	_ Cell #
Address:				
Health History of Child				
Allergies:	lm	munizations:		
Has the child suffered any serious illnes	sses?			
Does the child have any chronic medic	al condition?	?		
Is the child receiving medication?		If yes, what	kind?	
Other Personal Details				
Religious denomination:				
Emergency contact address:				
Emergency phone number:				
(A n	umber where yo	ou or a relative can be conta	acted at all times	(no cell phone #)
Name of person responsible for collecti	ng child:			
Registration, T-shirt and 1 month's s				istration. All
school fees must be paid in advance	by the firs	t of each month. (Se	e fees below)	
Parents are advised that in the even				
unless he/she has been withdrawn f	rom school	and the teacher ha	s been notif	<u>ied.</u>
Administration Use Only:	<b>#05.00</b>	A 4	Ф	
School fees (monthly - due 1 <sup>st</sup> of each mth)  T-Shirt Cost (month of March)	\$35.00 \$15.00	Amount paid: Receipt no:	<b>\$</b>	
Re-registration (non-refundable)	\$30.00	Date:		