

TINY TREASURES

Mother's Day Out Pre-K

"Children are a heritage from the LORD" Psalm 127:3



Child's Information

Full Name: _____

Address: _____

City: _____ TX Zip Code: _____

DOB: _____

Parent Information

Father

Full Name: _____ Phone _____

Address: _____ (if different than child's address)

City: _____ TX Zip Code _____

Mother

Full Name: _____ Phone _____

Address _____ (if different than child's address)

City: _____ TX Zip Code _____

Child's preferred name: _____

How would you prefer your child write his/her name? _____

Does your child still take naps? _____

If so, for how long? _____

Is your child used to being in a classroom environment? _____

Has he/she ever been to preschool? If so, where? _____

Reason he/she is no longer there? _____

Does your child have other children he/she plays with regularly? _____

Does your child have any particular habits we should be aware of? _____

Who will be picking up your child most days? _____

Please list the name and phone number of the person/s who have your permission to pick up your child:

1. Full Name: _____

Relationship: _____

Phone: _____

2. Full Name: _____

Relationship: _____

Phone: _____

3. Full Name: _____

Relationship: _____

Phone: _____

Is your child potty-trained? _____ (requirement for enrollment in 3 and 4 year old classes)

Does your child have allergies? _____

If so, please specify: _____

Does your child have any fears or phobias? _____

If so, please explain: _____

Please fill out the following information regarding your child's physician

Name: _____

Address: _____

Phone Number: _____

(We will need a copy of your child's immunization records prior to the first day of school. You may bring a copy to the church office, or you can fax it to us or have your child's doctor fax it to us at 281-492-0354. You may also email it to us at smaddox@cbchou.org)

I have filled out the above information correctly and feel Tiny Treasures will be a positive and enriching experience for my child

Parent Signature _____

Date _____

Email _____

FOR OFFICE USE ONLY

Date Registration Received: _____

Registration Fee: _____ (cash) ____ (check) ____ (online) ____