

**HAZELWOOD CHRISTIAN PRESCHOOL  
PDO REGISTRATION FORM**

Hazelwood Christian Preschool  
1400 W. University Avenue  
Muncie, Indiana 47303  
284-2430

***** Office Use Only *****
Date Received _____
Registration Paid _____

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

Mother's Name \_\_\_\_\_ Child Pickup Okay?  Yes  No  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Child Pickup Okay?  Yes  No  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ May we send correspondence there? \_\_\_\_\_

Emergency Contact Name	Phone (H)ome (W)ork (C)ell
	H W C
	H W C
	H W C
	H W C

Any information about your child we should know (i.e. allergies, medication), please include it here:  
 \_\_\_\_\_  
 \_\_\_\_\_

2010-2011

Please enclose a \$20.00 registration fee

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