

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

## HAZELWOOD CHRISTIAN PRESCHOOL REGISTRATION FORM

\*\*\*\*\* Office Use Only \*\*\*\*\*

Date Received \_\_\_\_\_  
 Class Assigned \_\_\_\_\_  
 Confirmation Sent \_\_\_\_\_

**Student 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 \_\_\_\_\_

Email Address: \_\_\_\_\_

**Indicate your preference by marking below: 1 = first choice; 2 = second choice**

- |   |   |                              |
|---|---|------------------------------|
| <input type="checkbox"/> <b>2-3 Year Old</b>      | 9:00-11:00 am Monday                        | <b>\$30 Registration Fee</b> |
| <input type="checkbox"/> <b>3-4 Year Old A.M.</b> | 9:00-11:30 am Tuesdays and Thursdays        | <b>\$50 Registration Fee</b> |
| <input type="checkbox"/> <b>3-4 Year Old P.M.</b> | 12:30-3:00 pm Tuesdays and Thursdays        | <b>\$50 Registration Fee</b> |
| <input type="checkbox"/> <b>4-5 Year Old A.M.</b> | 9:00-11:30 am Mondays, Wednesdays & Fridays | <b>\$50 Registration Fee</b> |
| <input type="checkbox"/> <b>4-5 Year Old P.M.</b> | 12:30-3:00 pm Mondays, Wednesdays & Fridays | <b>\$50 Registration Fee</b> |

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

\_\_\_\_\_  
 \_\_\_\_\_  
 2010-2011

Contact Information: Please list all individuals who may be contacted or who may be picking up your child. Please mark appropriately if the person is allowed to pick up the student and/or should be contacted in case of an emergency. Please circle phone type (H)ome, (W)ork or (C)ell.

Name _____	Relationship _____	___ Pickup	___ Emergency	
Phone _____	H W C	Phone _____	H W C	Phone _____ H W C
Name _____	Relationship _____	___ Pickup	___ Emergency	
Phone _____	H W C	Phone _____	H W C	Phone _____ H W C
Name _____	Relationship _____	___ Pickup	___ Emergency	
Phone _____	H W C	Phone _____	H W C	Phone _____ H W C
Name _____	Relationship _____	___ Pickup	___ Emergency	
Phone _____	H W C	Phone _____	H W C	Phone _____ H W C
Name _____	Relationship _____	___ Pickup	___ Emergency	
Phone _____	H W C	Phone _____	H W C	Phone _____ H W C

I agree to have my child's name, parent's name, address, and telephone number included with the class list to be shared with other parents:

**Yes**  **No**      **Signature** \_\_\_\_\_      **Date** \_\_\_\_\_

**PLEASE ENCLOSE NONREFUNDABLE REGISTRATION FEE**