

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"/> 2-3 Year Old      | 9:00-11:30 am Tuesday                     | \$30 Registration Fee |
| <input type="checkbox"/> 2-3 Year Old      | 9:00-11:30 am Wednesday                   | \$30 Registration Fee |
| <input type="checkbox"/> 3-4 Year Old A.M. | 9:00-11:30 am Tuesday and Thursday        | \$55 Registration Fee |
| <input type="checkbox"/> 3-4 Year Old P.M. | 12:30-3:00 pm Tuesday and Thursday        | \$55 Registration Fee |
| <input type="checkbox"/> 4-5 Year Old A.M. | 9:00-11:30 am Monday, Wednesday, Friday   | \$60 Registration Fee |
| <input type="checkbox"/> 4-5 Year Old P.M. | 12:30-3:00 pm Monday, Wednesday, Friday   | \$60 Registration Fee |
| <input type="checkbox"/> Enrichment Class  | 9:00-11:30 am Tuesday and Thursday        | \$30 Registration Fee |
| <input type="checkbox"/> Transition Class  | 9:00 am-3:00 pm Monday, Wednesday, Friday | \$65 Registration Fee |

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

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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**

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

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