

# Seasons of Learning Early Childhood Center

## 2019/2020 Preschool Registration Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Baptism/Dedication Date \_\_\_\_\_ Church \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Church Denomination \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Church Denomination \_\_\_\_\_

Phone Number(s) H: \_\_\_\_\_ Mom's C: \_\_\_\_\_ Dad's C: \_\_\_\_\_

Mom's E-mail \_\_\_\_\_ Dad's E-mail \_\_\_\_\_

Child resides with \_\_\_\_ Mom & Dad \_\_\_\_ Mom \_\_\_\_ Dad \_\_\_\_ Other Guardian

If Other Guardian, please explain \_\_\_\_\_

Parents are \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Remarried \_\_\_\_ Never Married

Names of Other Children in the Family: \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_

Working Hours \_\_\_\_ to \_\_\_\_ Work Phone # \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_

Working Hours \_\_\_\_ to \_\_\_\_ Work Phone # \_\_\_\_\_

How did you hear about Seasons of Learning? \_\_\_\_\_

Has your child been previously enrolled in a child care setting? Yes/No Please explain:

Please send a non-refundable registration fee of \$75 with this form.

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

If mailing your registration, mail to: Seasons of Learning Early Childhood Center  
67055 Gratiot Ave.  
Richmond, MI 48062