



Wee Grow Christian Preschool  
8867 Kent St., Portland, MI 48875  
Phone: 517-647-4473

## 2015-16 Registration Form 4-year-old Class

\_\_\_\_\_ Monday-Wednesday-Friday Class from 8:45-11:45 a.m. (\$110.00)

\_\_\_\_\_ I would be interested in an afternoon class, if it became available

Child's Name \_\_\_\_\_ Nick name \_\_\_\_\_

Date of Birth is \_\_\_\_\_ (Your child needs to be born before 12-1-2011)

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Phone Number \_\_\_\_\_

E-mail address if available \_\_\_\_\_ Gender: Male or Female

Is your child completely toilet trained and able to take care of their personal needs? Yes or No

Any comments that we may need to know \_\_\_\_\_

Any Food Allergies \_\_\_\_\_

### **Parent or Guardian Information**

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Does child live with both mother and father? \_\_\_\_\_

### **Family Information**

Siblings Name and Date of Birth \_\_\_\_\_

Church in which you are an active member? \_\_\_\_\_

Please return this form with your \$50.00 non-refundable  
registration fee to hold a spot for your child.

Office use-Paid registration with cash/check # \_\_\_\_\_ Registration# \_\_\_\_\_