Highland Baptist Church Preschool
2020 – 2021 Registration Form

Office Use Only		
Days	Paid	Shots

Registration fee $75; Multiple children same family $65 each.

Child's Full Name: _____ Sex: Male Female
Date of Birth: _____

Child's Full Name: _____ Sex: Male Female
Date of Birth: _____

Primary Contact Relationship to Child: _____
Full Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Email address: _____
Notify me of closures & events by: Phone Email Mail

Secondary Contact Relationship to Child: _____
Full Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Email address: _____
Notify me of closures & events by: Phone Email Mail

Additional Contact Relationship to Child: _____
Full Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Email address: _____
Notify me of closures & events by: Phone Email Mail

Medical Emergency Information
Known Allergies: _____

Child's Name: _____ Parent's Signature: _____ Date: __/__/____

How did you hear about our preschool?

_____

_____