

## Highland Baptist Church Preschool 2019 – 2020 Registration Form

Office Use Only						
Days	Paid	Shots				

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

Child's Full Name:  Date of Birth:				Sex:	Male	Female	
Child's Full Name:  Date of Birth:				Sex:	Male	Female	
Primary Contact	Relatio	nship to C	hild:				
Full Name:			=				
Address:				City:		State:	Zip:
Cell Phone:				Home Pho	one:		
Employer:				Work Pho	ne:		
Email address:							
Notify me of closures & events by	: Phone	Email	Mail				
Secondary Contact Full Name:		nship to C	Child:				
Address:				City:		State:	Zip:
Cell Phone:				Home Pho	one:		
Employer:				Work Pho	ne:		
Email address:							
Notify me of closures & events by	: Phone	Email	Mail				
Additional Contact Full Name:	Relatio	nship to C	hild: -				
Address:				City:		State:	Zip:
Cell Phone:				Home Pho	one:		Zip
Employer:				Work Pho			
Email address:				WOIKTIIC			
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 p	reschool?						