



Registration Form

Child's Name _____

Address _____

Address _____

Phone _____

Date of Birth _____

Sex: _____

Father's Name _____

Mother's Name _____

Emergency Contact

Name _____ Phone _____

Mother's Work _____ Phone _____

Father's Work _____ Phone _____

Enrolling for: 2 day am ___ pm ___ 3 day am ___ pm ___ All day ___

Toddler ___ Preschool ___ PreK ___ Kindergarten ___

How did you hear about Emilie Christian Day School?

_____.