

Date ____/____/____

Service Attended: 1st 2nd

Kids Connection Preschool-Nursery Registration

(Circle) Male Female

Child's Name _____ Inf/Tod Preschool

Birthdate ____/____/____ Eye Color _____ Hair Color _____

Allergies: _____

Parents/Guardian Name _____

Name of Adult who signed child in _____

Relationship to child _____

Email _____

Address of Child _____



Phone: Home Cell _____