

HAPPY HANDS PRESCHOOL

24 North Main Street
Princeton, IL 61356
(815) 875-2124

REGISTRATION FORM

Date _____

Full Name of Child _____ Birthdate _____

Name Child Goes By _____ Place of Birth _____ Sex _____

Name of Parents or Guardians _____

Home Address _____
(Street) (City) (Zip Code)

Primary Phone _____ Marital Status _____
(Married) (Divorced) (Separated) (Widowed) (Single)

E-mail Address _____

PEOPLE OTHER THAN PARENTS AUTHORIZED TO RECEIVE CHILD

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY IF PARENTS ARE NOT AVAILABLE

Name _____ Phone _____

Address _____

PHYSICIAN'S NAME _____ Phone _____

Office Address _____

PARENT OR GUARDIAN INFORMATION

Father's Occupation _____ Working Hours _____

Name of Business _____

Business Address _____ Phone _____

Mother's Occupation _____ Working Hours _____

Name of Business _____

Business Address _____ Phone _____

(over)

Number of brothers _____ Names and ages _____

Number of sisters _____ Names and ages _____

Previous Preschool Experience _____

Parents' Church Affiliation _____

CLASSES OFFERED:

CLASS FOR 3's	Mon/Wed a.m.	9:00 – 11:15
CLASS FOR 3's, 4's & 5's	Tues/Thurs a.m.	9:00 – 11:15
CLASS FOR 3's, 4's & 5's	Tues/Thurs p.m.	1:00 – 3:15
CLASS FOR 4's & 5's	Mon/Wed/Fri p.m.	1:00 – 3:15

First Choice: _____ Second Choice: _____
(If your First Choice class is not available.)

PERMISSION FOR HEALTH CARE

In case of sickness or accident, I hereby consent to the HAPPY HANDS PRESCHOOL of the Evangelical Covenant Church to provide emergency care through a hospital or a private doctor for _____.

(Name of Child)

Signature _____ Date _____
(Name of Parent or Guardian)

PERMISSION FOR FIELD TRIPS

I hereby give consent to the HAPPY HANDS PRESCHOOL of the Evangelical Covenant Church for taking _____ on walking trips in the neighborhood, special excursions

(Name of Child)

to places of interest and using public park facilities, with the understanding that such trips are under supervision of authorized personnel of the school and that all possible precautions are taken to insure the health and safety of my child.

Signature _____ Date _____
(Name of Parent or Guardian)

**A \$25 non-refundable registration fee is due when this form is submitted.
Make checks payable to Happy Hands Preschool.**

OFFICE USE ONLY:

Date received: _____

Paid by: check _____ cash _____