

Centenary Preschool



2024-2025 Registration

Days Requested:

Please refer to the **Policy Sheet** to correctly choose what is being offered this year,
then circle the class and days in which you wish to register your child

Class: Infants 1 Year Olds 2 Year Olds 3 Year Olds 4 Year Olds

Days: M T W Th F

Preschoolers Information:

Child's Name _____ Birth Date _____

Name most often used _____ ☐ Boy ☐ Girl

Address _____ City/Zip _____

T-Shirt size for next year: 2T 3T 4T X-Small Small (Shirts will be given in August at Open House)

Does your child have any known **allergies**? _____

Are your child's **immunizations** up to date? _____ Vaccination records due by 1st day of school.

Does your child receive any specialized services (such as speech, occupational, physical, etc)?

Has your child had previous experience in preschool groups? _____

Parent/Guardian Information:

Name _____

Relation _____

Phone _____

Email _____

Employment/Occupation _____

Please be sure to join ProCare and download the App

Address _____

If different

Name _____

Relation _____

Phone _____

Email _____

Employment/Occupation _____

Please be sure to join ProCare and download the App

Address _____

If different

How did you hear about us? _____

Is there a local church you attend? _____

(Name of Church)

It is UNDERSTOOD AND AGREED by us that the church and the teachers are hereby released from all claims or financial responsibility arising from any accident or mishap that may occur in connection with the operation of the Preschool or from any illness that may be contracted by the child during the period of enrollment.

I have read over and agree to cooperate with the Centenary Preschool Policies & Procedures.

Parent's Signature _____ Date _____

Date of Reg. _____

ProCare _____ Email _____

Invoice _____ Vax _____

\$150.00 Registration Fee
will be invoiced