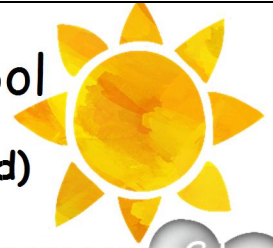




Shreveport Baptist Temple Preschool



Registration Form (separate form for each child)



Child's name: _____

Complete Address: _____

Email: _____ City _____ Zip _____

Sex: _____ Age: _____ Birthday: _____

Father's Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Child's Physician: _____ Phone: _____

Please specify who is authorized to pick up your child:

Name: _____ Phone: _____

Name: _____ Phone: _____



Allergies: _____

Any specific fears: _____

Physical problems: _____

Please tell us anything else you think might help us know your child better and help him/her have a positive learning and growing experience:

Past Preschool Experience: Y / N

If so, where? _____

K-3 & K-4 need to be potty-trained

Office Use - Class: _____

Date Paid: _____

- Registration fee _____
- Shot Record
- Parent Agreement

Registered for: 2-Day/3-Day/5-day