

ABC Preschool Sign up form

01
Main information

02
Emergency contact

03
Student Personal
Information

Child's Name *

Child's Address

Child's Birth Date *

Gender *

Male

Female

Program *

How many days will your child be attending?

Select which days you would like your child to attend: *

Monday Tuesday Wednesday Thursday Friday

Mother's Name *

Mother's Home Phone *

###	###	####
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Mother's Cell Phone *

###	###	####
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Mother's Address (if different from child's)

Mother's Name of employment and phone number *

Father's Name

Father's Home Phone *

###	###	####
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Father's Cell Phone *

###	###	####
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Father's Address (if different from child's)

Father's Name of employment and phone number *

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Marital Status of Parents

Married Divorced Separated Custody or other arrangements

Does your child have a stepfather/stepmother caring for him or her?

Stepmother Stepfather Non

Does your child have siblings? (if yes, how many?)

Please list other individuals living in the home

Do you give ABC Preschool permission to post pictures of your child online or on advertisements? *

Yes

No

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Submit Form

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Emergency Contact Name *

Emergency Contact Cell Phone *

Relationship to child *

People authorized for child's pick up *

Name and relationship to child