

# Heritage Preschool Registration Form

## 2017-2018

Child's Name: \_\_\_\_\_ Gender: M F  
(first, middle, last)

Address: \_\_\_\_\_ Age: \_\_\_\_ DOB:(m/d/y) \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Mother's Name (Guardian): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_

E-Mail \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name (Guardian): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_

E-Mail \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **OFFICE USE ONLY**

Registration Date: \_\_\_\_\_ Age Group: \_\_\_\_

Date of Payment: \_\_\_\_\_

Includes: R/F: \$ \_\_\_\_\_ S/F: \$ \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

Method of Payment: Cash \$ \_\_\_\_\_ Check: # \_\_\_\_\_ Other \$ \_\_\_\_\_