

The Gathering Place Academy

Pre-School Registration Form

Name of Child: _____
(Last) (First) (Middle)

Birth date: _____ (Male / Female)

Address: _____ City: _____ Zip: _____

Date your child will start: _____

Number of days: _____

Time: _____ A.M./P.M. To _____ A.M./P.M.

Please specify days: ___ M ___ T ___ W ___ Th ___ F

Parent or Other Person(s) Placing the child:

Name: _____ Relation to Child: _____

Home Address: _____

Phone Number: _____ Email _____

Married: ___ Single: ___ Divorced: ___

Employer: _____ Position/Title _____

Years of Employment: _____ Working Hrs: _____ To: _____

Address: _____ City/St/Zip: _____

Phone: _____ Ext: _____ Cell Phone: _____

Emergency Contact

(List in order to be contacted)

1. Name: _____ Home Phone: _____ Work Phone: _____

Cell#: _____

2. Name: _____ Home Phone: _____ Work Phone: _____

Cell#: _____

3. Name: _____ Home Phone: _____ Work Phone: _____

Cell #: _____