

Christina Kent Early Childhood Center

Registration Form

Child's Name: _____

Date of Birth: _____ Sex: ___ Male ___ Female

Ethnicity (Please Circle): Asian / Hispanic / Native American / Caucasian
African American / Other _____

Home Language: _____

Previous childcare/preschool _____

Primary Parent/ Guardian Information

Full Name: _____

Address: _____ City & State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

Employer's Name: _____ Work #: _____

Secondary Parent/ Guardian Information

Full Name: _____

Address: _____ City & State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

Employer's Name: _____ Work #: _____

For Office Use Only

Enrollment Date: _____ Classroom: _____ Disenrollment Date: _____
Nut Allergy? Circle One: Yes No