

Sonshine Christian Preschool Registration Form

Name of Child: _____

Birthdate: __/__/__ Sex: M__ F__

Full name of Mother: _____

Full name of Father: _____

Mother's Address: _____

Home Phone: _____ Work Phone: _____

Cel Phone: _____

E-mail address: _____

Father's Address: _____

Home Phone: _____ Work Phone: _____

Cel Phone: _____

E-mail address: _____

First class choice: _____

Second class choice: _____

Comments: _____
