

McCurdy Ministries Community Center Pre-School



Registration Form 2018-2019 School Year

Student:

Full Legal Name: _____

Address: _____

City/ZIP: _____

Date of birth: _____ Place of birth: _____

Full day: _____ Half day: _____ Gender: _____ Ethnicity (optional) _____

FAMILY:

Parents are: ___married ___divorced ___separated ___single

Student lives with: _____

FATHER

MOTHER

Name _____

Name _____

Address _____

Address _____

Hm Phone _____

Hm Phone _____

Wk Phone _____

Wk Phone _____

Cell Phone _____

Cell Phone _____

Reliable E-mail _____

Reliable E-mail _____

Date of Birth _____

Date of Birth _____

Social Security Number _____

Social Security Number _____

Place of Employment _____

Place of Employment _____

Legal Guardian if different than above _____

Relationship _____