



6012 South Bend Drive  
260-458-1301  
[www.anthonywaynepreschool.org](http://www.anthonywaynepreschool.org)

\*This preschool is an extension of the ministries at  
Anthony Wayne First Church of God\*

### Registration Form 2018-19

Student's Legal Name \_\_\_\_\_  
First Middle Last

Nickname preferred to be called \_\_\_\_\_

Gender \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Primary Phone : \_\_\_\_\_ Who can be reached at this number? \_\_\_\_\_

Student resides with: (please circle) Both Parents / Father / Mother / Other (who) \_\_\_\_\_

Siblings: 1. \_\_\_\_\_ Age: \_\_\_\_\_ 2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_ 4. \_\_\_\_\_ Age: \_\_\_\_\_

Family Email Address (please print clearly): \_\_\_\_\_

Father's Legal Name: \_\_\_\_\_

Mother's Legal Name: \_\_\_\_\_

Parent(s) having legal custody of child is/are: (circle one) Both Parents / Father / Mother /  
Guardian / Other (who) \_\_\_\_\_

We wish to enroll our child in the following options:

<i>Traditional Preschool:</i>	Mon., Wed., Fri.	8:30 a.m. – Noon	_____		
<i>Full Day Preschool:</i>	Mon ___	Tues ___	Wed ___	Thur ___	Fri ___
<i>Half Day Preschool:</i>	Mon ___	Tues ___	Wed ___	Thur ___	Fri ___
<i>Before Preschool Care:</i>	Mon ___	Tues ___	Wed ___	Thur ___	Fri ___
<i>Lunch Bunch:</i>	Mon ___	Tues ___	Wed ___	Thur ___	Fri ___

I understand that the registration fee of \$30 (\$15 for returning students) is non-refundable and enrolls my child's in class for 2018-19 school year. Please make checks payable to Anthony Wayne Preschool.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Both parent signatures are needed for families who share custody of the enrolled child.)