

Wahiawa Baptist Preschool

Registration

___ **Fall Term** ___ **Spring** ___ **Summer**

Student's Name: _____ **Today's Date:** _____

Student's DOB: _____

Class: _____ Program Time: _____

Address: _____

Home Phone: _____ Cell: Mom _____ Dad _____

Email: _____

FATHER

MOTHER

Name: _____

Name: _____

Social Security Number: _____

Social Security Number: _____

Occupation: _____

Occupation: _____

Business Address: _____

Business Address: _____

Business Telephone: _____

Business Telephone: _____

Home address if different from child's _____

Brothers and/or Sisters

Name/Age: _____

Name/Age: _____

Name/Age: _____

Name/Age: _____

Church Affiliation: (Church you attend) _____

If no membership, what church preference? _____

Other than parents, name(s) of individual(s) and their relationship, authorized by the family to have access to health information about child: _____

Parent Signature: _____

Date: _____