

# 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