

Student's Name _____ M/F _____ Birthdate _____

Address _____

Email Address _____ Phone _____

Parent's Names _____

Parent's Work Place & Phone No. _____

Emergency Contact _____

Relationship to student _____ Phone No. _____

Doctor's Name _____ Phone No. _____

Medical Conditions, Allergies, Medications _____

Check Class Preference:

Pre-K (M/W/F) _____ Preschool (T/Th) _____ \$50 Registration Paid _____

Send Form to address or email below:

Faith Christian Preschool & Pre-K

733 Woodward Ave.

Chippewa Falls, WI 54729

Faithcp733@gmail.com