



115 New Ballwin Road,
Ballwin, MO 63021
(636) 230-9726
lafayettechristian@gmail.com

2019-2020 Registration Form

To enroll your child and secure a spot, this form must be completed and returned with your \$90.00 non-refundable registration fee.

Child's name _____ Sex _____

Name to be used at school _____ Birth date _____

Address _____

City/Zip _____ Phone _____

E-mail Address _____

Mother's Name _____

Occupation/Employer _____

Work Phone _____ Cell phone _____

Father's Name _____

Occupation/Employer _____

Work Phone _____ Cell phone _____

Please check the session and circle the days you are registering for:

_____ **Two Year Old Class** (age 2 by 9/30) 9:00-12:00

Monday Tuesday Wednesday Thursday

_____ **Three Year Old Class** (age 3 by 9/30) 9:00-12:00

Monday/Wednesday Tuesday/Thursday Tues/Wed/Thurs

_____ **Four Year Old Class** (age 4 by 9/30) 9:00-12:00

Mon/Wed/Fri Tue/Thur/Fri Tue/Wed/Thur/Fri

_____ **Stepping Stones Class** (age 5 by 12/31) 9:00-12:30

Monday through Thursday

****Please complete reverse side****

Emergency Contacts: (other than child's parents listed on front)

1. Name _____

Phone _____

Relationship to child _____

2. Name _____

Phone _____

Relationship to child _____

Please list any allergies your child has: _____

Our course of action should be: _____

List any limitations your child might have: _____

Where will your child attend Kindergarten? _____

Has your child attended school previously? Yes No If so, please tell us where.

Was this a positive experience? _____

Do you have friends or family attending our preschool? _____

Will your child be in the care of someone other than his/her parents while enrolled in our program? _____

Is there any other information we should know about your child to help us better serve your family? _____

Optional: Where does your family attend worship service? _____

Parent Signature _____ Date _____

For office use only: date rcvd: _____ by: _____ rcpt# _____ ck# _____ db: _____