

Pierpont Christian Preschool

52 Harner Run Road * Morgantown, WV * 26508
304.594.3785 pierpontchristianpreschool@gmail.com
www.pierpontnazarene.org

(Updated March 2024)

Registration Form for 20__ to 20__

Today's date: _____

STUDENT'S INFORMATION

- Student's FIRST, MIDDLE and LAST name: _____
- Student prefers to be called: _____ Nicknames: _____
- Age: _____ Birth date: _____ Gender: M ___ F ___
- Phone: _____ Parent's email address: _____
- Mailing address: _____

FATHER'S INFORMATION

- Full name: _____
- Address & phone if different from student: _____
- Place of employment: _____
- Business phone (with extension): _____
- Hours: _____
- Cell phone (Text? Yes ___ No ___): _____

MOTHER'S INFORMATION

- Full name: _____
- Address & phone if different from student: _____
- Place of employment: _____
- Business phone (with extension): _____
- Hours: _____
- Cell phone (Text? Yes ___ No ___): _____

- Status of parents: Married Divorced Separated Remarried Deceased

FAMILY INFORMATION

- Name, ages and schools of other children living with the family:

NAME	AGE	SCHOOL
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FAMILY INFORMATION, CONTINUED.

- We (check one) do ___ / do not ___ currently have a church home. If so, complete below:
- Church affiliation: _____
- Address: _____ Phone: _____
- Pastor: _____
- Are you interested in learning more about Pierpont’s Children’s ministries? Yes ___ No ___
- Will your child be with a babysitter during the day? Yes ___ No ___
- Please give the name, phone number and address of your child’s babysitter, if applicable:
- Name: _____ Phone: _____
- Address: _____
- List the names of anyone who could pick up your child from school. (***IMPORTANT NOTE:*** Anyone picking up your child other than those listed here will be required to have a hand written note signed by either parent AND a photo ID, such as a driver’s license, work badge, etc.)

<u>Name</u>	<u>Relationship to child</u> (relative or friend)
_____	_____
_____	_____
_____	_____

ADDITIONAL PERSONAL INFORMATION ABOUT YOUR CHILD THAT WILL BE HELPFUL TO US:

- Hobbies or special interests: _____

- Any known fears/anxieties: _____

- Special likes or dislikes: _____

- Favorites (color, foods, stories, characters, etc.): _____

- Other health concerns (allergies to foods, etc.): _____

- NOTES/COMMENTS for TEACHER: _____
