

# Pierpont Christian Preschool

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(Updated April 2022)

## 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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: \_\_\_\_\_  
\_\_\_\_\_