

**Mission Viejo Christian Preschool
Registration Form
2020 - 2021**

Please Print

Schedule Requested _____
(Days & Times)

Child's Name _____ Birth Date _____
Male _____ Female _____

Address _____

City and Zip _____

Father's Name _____ Mother's Name _____

Phone Numbers:

Home _____

Dad's Work _____

Dad's Cell _____

Dad's Email _____

Mom's Work _____

Mom's Cell _____

Mom's Email _____

Persons who may pick your child up in case of emergency:

1. _____

Phone _____

2. _____

Phone _____

3. _____

Phone _____

Persons who may pick your child up at any time:

1. _____

Phone _____

2. _____

Phone _____

3. _____

Phone _____

Allergies or Illnesses _____

Name of Church _____

Member? Yes _____ No _____

Person submitting registration:

Office Use Only	
Class Assignment	_____
Schedule	_____
Registration Fee	_____
Ck Number	_____
Date Paid	_____
State Forms	_____