

East Columbia Preschool, Inc.

Registration Form 2010-2011

East Columbia Preschool shall:

- admit children without regard to race, color, creed, sex, or national origin
- hire teaching staff members according to professional qualifications and without regard to race, color, creed, sex, or national origin.

Date of Registration: _____ / _____ / _____

Name of Child: _____

Child's Name for Classroom Use: _____

Child's Birth Date: _____ / _____ / _____

Street Address: _____

City: _____ Zip Code: _____

Village (if Columbia): _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Name of Parents: _____

Car Insurance Carrier: _____

Policy Number: _____

ALLERGIES: Please rate on a scale of 1(not allergic) to 10 (life threatening) any allergies your child may have: 1 2 3 4 5 6 7 8 9 10

List known allergies: _____

Primary language spoken at home _____

How did you hear about ECP? _____

Classes: Please check one below

_____ 2AM Tu/Th	9:00 - 11:30 AM	Age 3 by 12/31/10
_____ 2PM Tu/Th	12:30 - 3:00 PM	Age 3 by 12/31/10
_____ 3AM M/W/F	9:00 - 11:30 AM	Age 4 by 12/31/10
_____ 3PM M/W/F	12:30 - 3:00 PM	Age 4 by 12/31/10

I have read the Membership Information Agreement and understand that if I do not comply with these regulations my membership is subject to termination.

Signature: _____

_____ Proof of Age checked

_____ Registration Fee paid

_____ Car insurance checked