

**Registration Form for Bally Community Preschool
Play & Learn Class for Two-Year-Olds**

Application

Date: _____

Child's Name _____ Male _____ Female _____

Date of Birth _____

Address _____

Father's Name _____

Phone # _____ Email _____

Mother's Name _____

Phone # _____ Email _____

Name & Ages of Siblings _____

Child's Doctor _____ Phone # _____

Any allergies? _____

Any dietary restrictions? _____

Emergency Information: If you cannot be reached in an emergency, whom should we call?

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Persons who may pick up your child:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Is there any other information we should know about your child? Please use the back of the form if necessary.

To register your child, mail this form with your non-refundable tuition deposit of \$25 to:

Bally Community Preschool

PO Box 498

Bally, PA 19503

Checks can be made payable to: Bally Community Preschool

The remaining \$100 is due at the first session.

_____ Fall 2025 - Register by September 18, 2025

_____ Thursdays

_____ Winter 2026 - Register by January 1, 2026

_____ Fridays

_____ Spring 2026 - Register by March 5, 2026

_____ No Preference