

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

Application Date: _____

Child's Name _____ Male _____ Female _____

Date of Birth _____

Address _____

Home Phone # _____ Cell Phone # _____

Email _____

Father's Name _____

Phone # while child is in class: _____

Mother's Name _____

Phone # while child is in class _____

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 # _____

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, please mail this form with your non-refundable tuition deposit of \$25 by September 19, 2019 for the Fall session and/or January 16, 2020 for the Winter session to:

Bally Community Preschool
PO Box 498
Bally, PA 19503
Checks can be made payable to: Bally Community Preschool
The remaining \$75 is due at the first session.

Thursdays _____
Fridays _____
No Preference _____