

**WOODLAWN PRESBYTERIAN CHRISTIAN PRESCHOOL**

**1201 Blackstone Avenue Hopewell, VA 23860 Leigh Mertins, Director 452-3240**

**REGISTRATION FORM**

**CHILD'S FULL NAME** \_\_\_\_\_

NAME BY WHICH HE OR SHE IS CALLED \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ FEMALE \_\_\_\_\_ MALE

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ WORK TEL # \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

EMPLOYMENT ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ WORK TEL # \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

EMPLOYMENT ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**GUARDIAN'S NAME** \_\_\_\_\_ WORK TEL # \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

GUARDIAN'S PLACE OF EMPLOYMENT \_\_\_\_\_

EMPLOYMENT ADDRESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**NAMES AND AGES OF SIBLINGS** \_\_\_\_\_

**Three-Year-Old Program**

-Must be 3 years old by Sept. 30th

-Must be toilet trained

Classes meet Tues Wed Thurs

**Four-Year-Old Program**

-Must be 4 years old by Sept. 30th

-Must toilet independently

Classes meet Mon Tues Wed Thurs Fri

**Please print and complete this form and include a \$35.00 non-refundable Registration Fee payable to WPCP to reserve a place for your child.**