



Olivet Christian Preschool

STUDENT INFORMATION

Name:

Date of birth:

Name you want your child to recognize and write:

Current Address:

City:

State:

Zip Code:

Are there any health factors of which the staff should be alerted (allergies, disabilities)?

PARENT INFORMATION

Father's name:

Mother's name:

Marital status of child's parents: Married and living together Separated Divorced Other:

Address:

City:

State:

Zip Code:

Home phone:

E-mail:

Cell phone (Father):

Cell phone (Mother):

FAMILY INFORMATION

Father's occupation:

Mother's occupation:

Business phone:

Business phone:

Other children living in home:

Religious affiliation:

If not presently involved with a church would you be interested in receiving information about Olivet?

CAREGIVER INFORMATION

Name:

Phone:

Cell:

E-mail:

SIGNATURE

Signature of parent or guardian:

Date:

\$50 registration fee must accompany this registration form