

**Country Knoll Preschool
Registration**

Child's Name _____ **Birth Date** _____

Address _____ **City** _____ **Zip** _____

**Child's Parent/Guardian's
Name** _____

Home Phone _____ **Work** _____ **Cell** _____

Address _____ **City** _____ **Zip** _____

**Work
Address** _____ **City** _____ **Zip** _____

**Child's Parent/Guardian's
Name** _____

Home Phone _____ **Work** _____ **Cell** _____

Address _____ **City** _____ **Zip** _____

**Work
Address** _____ **City** _____ **Zip** _____

EMERGENCY CONTACT INFORMATION

Name	Address	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____