

**LEHMAN CHRISTIAN PRESCHOOL**  
**300 S. York Road, Hatboro, PA 19040-3998**  
**Phone: 215-675-5020**

Name of Child \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Class Requested: 4 year old-am \_\_\_\_\_ 3 year old-am \_\_\_\_\_

4 year old-pm \_\_\_\_\_ 3 year old-pm \_\_\_\_\_

2 year old – Monday & Wednesday-am \_\_\_\_\_ pm \_\_\_\_\_

2 year old – Tuesday & Thursday-am \_\_\_\_\_ pm \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Bus. Address \_\_\_\_\_

Bus. Address \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Brothers and Sisters:

Names:

Ages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Church Affiliation: \_\_\_\_\_

Has your child previously attended a preschool program? \_\_\_\_\_

If so, where? \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

The \$60.00 registration fee to be remitted with this form is **non-refundable** and **non transferable**.  
Please make checks payable to Lehman Christian Preschool.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date