

**Lehman Christian Preschool**  
**300 S. York Road, Hatboro, PA 19040**  
**215-675-5020**

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

Does your child receive any services? \_\_\_\_\_

Address \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

**CLASS REQUESTED:** (Please Check **ONE**)

4 Year Old ~ Mon/Wed/Fri (3 days) AM \_\_\_\_\_

4 Year Old ~ Mon/Wed/Fri (3 Days) PM \_\_\_\_\_

4 Year Old ~ Mon - Fri (5 Days) AM \_\_\_\_\_

4 Year Old ~ Mon-Fri (5 Days) PM \_\_\_\_\_

3 Year Old ~ Tues/Thurs (2 Days) AM \_\_\_\_\_

3 Year Old ~ Tues/Thurs (2 Days) PM \_\_\_\_\_

3 Year Old ~ Tues/Wed/Thurs (3 Days) AM \_\_\_\_\_

3 Year Old ~ Tues/Wed/Thurs (3 Days) PM \_\_\_\_\_

2 Year Old ~ Mon/Wed (2 Days) AM \_\_\_\_\_

2 Year Old ~ Mon/Wed (2 Days) PM \_\_\_\_\_

2 Year Old ~ Tues/Thurs (2 Days) AM \_\_\_\_\_

2 Year Old ~ Tues/Thurs (2 Days) PM \_\_\_\_\_

Mother's Name & Address \_\_\_\_\_

Father's Name & Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

**PLEASE COMPLETE THE REVERSE SIDE →**

| Siblings: | Name | Age | Name | Age |
|-----------|------|-----|------|-----|
|           |      |     |      |     |
|           |      |     |      |     |
|           |      |     |      |     |

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

Has your child attended a preschool program prior to this? \_\_\_\_\_ If so, please share the name below.

\_\_\_\_\_

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

The registration fee is \$80 and that fee is to be remitted with this form and is **non-refundable** and **non-transferrable**. Please make checks payable to Lehman Christian Preschool.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_