

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

Name of Child _____ Preferred Name _____

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 _____ Father's Name _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Work Address _____ Work Address _____

Work Phone Number _____ Work Phone Number _____

Siblings: Name Age Name Age

PLEASE COMPLETE THE REVERSE SIDE →

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 \$70 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 _____