

**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
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\_\_\_\_\_

\_\_\_\_\_

**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 \$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 \_\_\_\_\_