



Amazing Scholar
ACADEMY PRESCHOOL

REGISTRATION FOR SCHOOL YEAR _____

Amount \$65.00 _____

_____/_____/_____/_____
Child's Full Name / Date of Birth / Age / Today's Date

_____/_____/_____
Street Address / City / Zip Code

_____/_____/_____
Religion / Gender / Home Phone

_____/_____/_____/_____
Father's Name / Occupation / Work Phone / Cell Phone

_____/_____/_____/_____
Mothers's Name / Occupation / Work Phone / Cell Phone

Parents are: _____ Married _____ Single _____ Divorced _____ Separated _____ Deceased

_____/_____/_____
Child Lives With / No. of Brothers / No. of Sisters

CHOICE OF SESSION

_____ 3-year-old morning session _____ 3-year-old afternoon session

_____ 4-year-old morning session _____ 4-year-old afternoon session

The following people have permission to pick up my child:

1. _____ 2. _____

3. _____ 4. _____

Parent Signature: _____

REGISTRATION FEE PAID:

_____ Cash _____ Check# _____ Bank _____ Date

_____ Account Number _____ Routing Number

Parent's E-mail _____

