



Registration Form

Today's Date _____

Please Print:

Child's Name _____
First Middle Last

Child's Birthday _____ Gender: _____ Male _____ Female

Child's Address _____

Enrollment Eligibility

- Little Wings is a one hour program for two year olds and a parent or caregiver
- Preschool is a 2 half day a week program for children ages 3 - 5
- Pre K is a one half day a week intensive class for students attending kindergarten the following year
- Kindergarten Prep is a two half day a week class for students attending kindergarten the following year (offered Th/F afternoons)
- Pre K and/or Kindergarten Prep may be combined with our regular preschool program for 3 or 5 days a week
- For more information on each program please visit our website at www.crosswinds.church/wings

Class offerings - please check the one(s) you are registering for

_____ Little Wings (2 years old by September 1)

Preschool (must be at least 3 by September 1)

- _____ Monday/Tuesday 9:00 - 11:30
- _____ Thursday/Friday 9:00 - 11:30
- _____ Kindergarten Prep Thursday/Friday 12:15 - 2:45
- _____ Pre K Wednesday 9:00 - 11:30

Family Information:

Mother's Name _____ Phone Number _____

Father's Name _____ Phone Number _____

Marital Status _____ Email Address _____

Mother's Employer _____ Phone Number _____

Father's Employer _____ Phone Number _____

Siblings and Birthdays _____

Please complete other side of form . . .

Wings Christian Preschool Registration Form continued:

Child's Name _____
First Middle Last

Who do you authorize to pick up your child from Wings?

Name: _____ Phone Number _____ Relationship _____

Name: _____ Phone Number _____ Relationship _____

Other information about your child:

Does your child have allergies? ___ Yes ___ No If yes, please explain: _____

Is your child right or left handed? ___ Left ___ Right ___ Uncertain

Is this your child's first experience away from home? ___ Yes ___ No

Does your child have any special needs that we should be aware of? ___ Yes

___ No

If yes please

explain: _____

Does your child have any fears that you're aware of? ___ Yes ___ No

If yes please

explain: _____

What is your church affiliation? _____

How did you find out about Wings Christian Preschool? _____

Parent Signature _____ Date _____