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 program for two-year-olds and a parent or caregiver.
- Preschool is a program for children ages three through four who won't be attending Kindergarten the following school year may enroll for two mornings or afternoons a week. Children attending Kindergarten the following school year may enroll for two, three, or five class sessions per week.
- For more information about what each program offers your child, please visit our website at www.crosswindsonline.org/wings/

Little Wings ☐ W AM, 9:30 – 10:30

Preschool Options for Children Three or Over as of September 1st

Check one: ☐ M/W AM, 9:15 – 11:45 ☐ M/W PM, 12:30 – 2:30 ☐ T/Th AM, 9:15 – 11:45

Preschool Options for Children Four or Over as of September 1st

Two-Day (check one): ☐ M/W AM, 9:15 – 11:45 ☐ M/W PM, 12:30 – 2:30 ☐ T/Th AM, 9:15 – 11:45

Three-Day (check one of the above, plus): ☐ F AM, 9:15 – 11:45 or ☐ F PM, 12:30 – 2:30

Five-Day (check one): ☐ M-F PM, 12:30 – 2:30 ☐ M/W/F AM, 9:15 – 11:45 and T/Th PM, 12:30 – 2:30

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 & Birthdays _____

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

Name _____ **Phone Number** _____ **Relationship** _____

Name _____ **Phone Number** _____ **Relationship** _____

Please complete other side of form . . .

Wings Christian Preschool
Crosswinds Wesleyan Church, 3360 Middle Cheshire Rd., Canandaigua, NY 14424

(585) 394-5857
Email: wings@crosswinds.church
Website: www.crosswinds.church/wings

Wings Christian Preschool Registration Form, continued:

Child's Name _____ _____ _____
First Middle Last

Other information about your child:

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

_____

_____

_____

Is your child left or right-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 need to 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's Signature _____ **Date** _____

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Revised 2/6/2019