

Hosanna-Tabor Early Childhood Center - Preschool Registration

Redford, MI

School Year _____

FAMILY SECTION		(Circle)	(How should your mail be addressed?)
Mailing name:	Mr Ms Mrs		Home church:
	Mr and Mrs		
Student residence:	Street Address		Home church address:
	City, State, Zip Code		Denomination:
Phone:		Unlisted:	From what source did you hear about our school
Has any child in your immediate family every been registered at Hosanna-Tabor?		Circle One: Yes No	If yes: child's last name and year:

PARENT/GUARDIAN SECTION					
Last name	Suffix	First Name	Relation	Marital status	Resides with students:
Cell phone	Pager	E-mail			
Employer	Name	Address	City, state, zip	Work phone	Extension
Comment					

Last name	Suffix	First Name	Relation	Marital status	Resides with students:
Cell phone	Pager	E-mail			
Employer	Name	Address	City, state, zip	Work phone	Extension
Comment					

MEDICAL SECTION				
Doctor:	Name:	Doctor/Clinic:	Phone:	Hospital:
	Address, city:			
Insurance:	Insurance carrier:	Identification number:	Name of insured:	

ALTERNATE CONTACT SECTION			*Indicate order in which contacts should be notified.		
Seq*	Name	Relation to student(s)	Address	City, state, zip	
Phone	Cell phone	Pager	Comment		
Seq*	Name	Relation to student(s)	Address	City, state, zip	
Phone	Cell phone	Pager	Comment		
Seq*	Name	Relation to student(s)	Address	City, state, zip	
Phone	Cell phone	Pager	Comment		

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STUDENT SECTION

Last name	Suffix	First name	Middle name		Sex	Ethnicity*		Baptism date
Email	Date of birth	Birth city	Birth county	Birth state	Birth	Day care Y/N	Courier Y/N	3 yr old 4 yrs - 3 days 4 yrs - 5 days
Previous school	School name		School address		School city, state, zip			
Allergies			Health note			Last DTaP date:		
Comment								

Last name	Suffix	First name	Middle name		Sex	Ethnicity*		Baptism date
Email	Date of birth	Birth city	Birth county	Birth state	Birth	Day care Y/N	Courier Y/N	3 yr old 4 yrs - 3 days 4 yrs - 5 days
Previous school	School name		School address		School city, state, zip			
Allergies			Health note			Last DTaP date:		
Comment								

*	Indicate as: A for American Indian/Native, B for Black/African American, H for Hispanic, M for Multi-Racial, N for Native Hawaiian/Pacific, O for Other (Arabic), S for Asian, or W for White
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My signature indicates my willingness to promptly fulfill my financial responsibilities.

Signature _____

Date _____