

# Mission Viejo Christian Preschool Registration Form 2024 - 2025

Please Print

Schedule Requested \_\_\_\_\_  
(Days & Times)

Use credit card on file for registration: Yes \_\_\_ No \_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

City and Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

### Phone Numbers:

Home \_\_\_\_\_

Mom's Cell \_\_\_\_\_

Mom's Work \_\_\_\_\_

Mom's Email \_\_\_\_\_

Dad's Cell \_\_\_\_\_

Dad's Work \_\_\_\_\_

Dad's Email \_\_\_\_\_

### Persons who may pick your child up in case of emergency:

1. \_\_\_\_\_

Phone \_\_\_\_\_

2. \_\_\_\_\_

Phone \_\_\_\_\_

3. \_\_\_\_\_

Phone \_\_\_\_\_

### Persons who may pick your child up at any time:

1. \_\_\_\_\_

Phone \_\_\_\_\_

2. \_\_\_\_\_

Phone \_\_\_\_\_

3. \_\_\_\_\_

Phone \_\_\_\_\_

Allergies or Illnesses \_\_\_\_\_

Epi Pen? Yes \_\_\_ No \_\_\_

Name of Church \_\_\_\_\_

Member? Yes \_\_\_ No \_\_\_

Person submitting registration:  
\_\_\_\_\_

Office Use Only	
Class Assignment	_____
Schedule	_____
Registration Fee	_____
Ck Number	_____
Date Paid	_____
State Forms	_____