



West Falmouth Preschool, P.O. Box 115, 28 Blacksmith Shop Rd., West Falmouth, MA 02574 (508) 540-2957  
www.westfalmouthpreschool.org

### REGISTRATION FORM

**(please submit along with a check for \$180 made out to West Falmouth Preschool for insurance and registration fees)**

Please enroll my child in the \_\_\_\_ 2-day \_\_\_\_ 3-day \_\_\_\_ 4-day \_\_\_\_ 5-day program.

Child's name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Primary Language \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parents'/ Guardians' Names \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does your child have any food or medication allergies? Please only list allergies documented by a physician and describe symptoms.

\_\_\_\_\_

Please list all family members and pets living with the child.

\_\_\_\_\_

Are there any special interests in your home that you would be willing to share with the children during the school year (occupation, collection, musical ability, etc.)?

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please initial if you would like your contact information omitted from our class list which is distributed to our families \_\_\_\_\_

Office Use Only

ck# \_\_\_\_\_ amt \_\_\_\_\_ date \_\_\_\_\_