



28 Blacksmith Shop Road • PO Box 115 • West Falmouth, MA • 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 \_\_\_\_\_ 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 \_\_\_\_\_