

LONDON BRIDGE PRESCHOOL & KINDERGARTEN

REGISTRATION FORM

School Year: 2024-2025

Returning Student New Student Enrolled in BSC Enrolled in ASC

Child's Full Name _____

Name child goes by _____ DOB _____ Sex: M F

Address _____

Main Phone _____ Primary Contact Email _____

Secondary Contact Email _____

Parent Information Married Unmarried Single Divorced Separated Widowed

Father's Name _____ Address (if different) _____

Occupation _____ Work # _____ Cell # _____

Mother's Name _____ Address (if different) _____

Occupation _____ Work # _____ Cell # _____

Child Resides With (**if not the Mother or Father**) Name _____

Relationship _____ Work # _____ Cell # _____

Emergency Contacts:

(Two **local** persons **other than** parents available for emergency pick-up during school hours)

1. Name _____ Home # _____ Work # _____ Cell # _____

2. Name _____ Home # _____ Work # _____ Cell # _____

Persons NOT authorized to pick-up: _____

Names and ages of siblings: _____

Church you are currently attending: _____

Would you be interested in information about London Bridge Church? Yes No

Would you be interested in part-time employment with London Bridge Preschool? Yes No

How did you hear about our program? _____

OFFICE USE ONLY

TODDLER: 5 day (M-F) 3 day (M-T-W) 3 day (W-Th-F) 2 day (M-T) 2 day (Th-F)
Requested Teacher: _____

3 YR OLD: 5 day 3 day
Requested Teacher: _____

2 1/2 YR OLD: 5 day (M-F) 3 day (M-T-W) 3 day (W-Th-F) 2 day (M-T) 2 day (Th-F)
Requested Teacher: _____

4 YR OLD: 5 day 4 day
Requested Teacher: _____

KINDERGARTEN Requested Teacher: _____

Student is signed up for: Before School Care After School Care (Refer to Registration Form)