

Lehman Christian Preschool
300 South York Road, Hatboro, PA 19040
215-675-5020

Name of Child _____ Preferred Name _____

Address _____

Phone Number _____ Date of Birth _____ Sex _____

Class Requested: (Please check **one**)

4 Year Old (3 days) Mon/Wed/Fri AM _____ 4 Year Old (3 days) Mon/Wed/Fri PM _____

4 Year Old (5 days) Mon-Fri AM _____

3 Year Old (2 days) Tues/Thurs AM _____

3 Year Old (2 days) Tues/Thurs PM _____

3 Year Old (3 days) Tues/Wed/Thurs PM _____

2 Year Old (2 days) Mon/Wed AM _____

2 Year Old (2 days) Tues/Thurs AM _____

Mother's Name _____ Father's Name _____

Employer _____ Employer _____

Work Address _____ Work Address _____

Work Phone Number _____ Work Phone Number _____

Occupation _____ Occupation _____

Siblings: Name Age

Family Church Affiliation _____

Has your child previously attended a preschool program? _____ If so, please share the name below.

How did you hear about our preschool program? _____

The \$60.00 registration fee to be remitted with this form is **non-refundable** and **non-transferrable**.
Please make checks payable to "Lehman Christian Preschool".

Parent or Guardian Signature _____ Date _____