

Orchard Drive Preschool Registration Form

Boy_____ Girl_____

Child's name_____

Birth date _____

Age _____

Parents' or Guardians' Names

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail _____

Please circle the class your child will be attending:

M-W-F AM T-TH AM

M-W-F PM T-TH PM