

Quakertown Christian Preschool
Moms & Tots Registration

Parent(s) Name: _____

Child's Name: _____

Birthdate: _____

Children should be between the ages of 2 and 3 by September 1st of the current year.

Address: _____

Phone: _____

Class Preference: ___ Tuesday ___ Thursday ___ Either

Child attending with: _____ parent

_____ grandparent

_____ other (please list)

Allergies: _____

We look forward to meeting you and your Child!