

Anne Sullivan Preschool and Transitional Kindergarten

(951) 678-3557

Lic.#: 033901543

**REGISTRATION FORM**

CHILD'S NAME: \_\_\_\_\_ DOB \_\_\_\_\_

**EMERGENCY CONTACTS**

Parent's Names: \_\_\_\_\_

Cell phone: Mother \_\_\_\_\_ Father \_\_\_\_\_

Daytime phone: Mother \_\_\_\_\_ Father \_\_\_\_\_

Cell phone carrier \_\_\_\_\_ Email address \_\_\_\_\_

Alternative local contact if a parent cannot be contacted: \_\_\_\_\_

**INDICATE WHO TO CONTACT FIRST** \_\_\_\_\_

**ENROLLMENT FALL**

*Please circle days attending*

FULL DAY	HALF DAY	Starting date	
	8:15 a.m. to 12:15 p.m.		
M T W TH FR	M T W TH FR		

Signed: \_\_\_\_\_ date \_\_\_\_\_