

For Office Use Date: _____ Time: _____
--

**UPK 4's Pre- Registration 2024-2025 (Please mark 1<sup>st</sup> and 2<sup>nd</sup> choice)**

<u>Class</u>	<u>Cut-off age</u>	<u>Class time</u>	<u>Tuition</u>
___ M-Th UPK morning class	4 on Oct. 1, 2024	8:15 - 11:15	Funded by the UPK program
___ M-Th UPK afternoon class	4 on Oct. 1, 2024	12:15-3:15	Funded by the UPK program

**Child's name** \_\_\_\_\_  
(Last) (First) (Middle)

Name Child goes by \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

**Father's name** \_\_\_\_\_

Home Address \_\_\_\_\_  
(If different from child.)

Father's Cell Phone \_\_\_\_\_ Father's email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Mother's name** \_\_\_\_\_

Home Address \_\_\_\_\_  
(If different from child.)

Mother's Cell Phone \_\_\_\_\_ Mother's email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's siblings (names, ages, and whether they live with the child)  
\_\_\_\_\_

Others living with the child and their relationship to the child:  
\_\_\_\_\_

Please comment on health issues, limitations, allergies, emotional reactions, fears, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church attending \_\_\_\_\_

How did you hear about FaithSteps Preschool? \_\_\_\_\_