Regina Pre-K, Preschool & Daycare, Early Childhood Center 2140 Rochester Ave., Iowa City, IA 52245 ENROLLMENT REGISTRATION FORM

Child's Name:		_ Birthday:			_ Sex: Race:	
If child does not go by legal name, name	he/she goes	by:				
Mother's Name:		_ Cell PH#: ()		Religion:	
Address:	City:	St:	Zip: _		Home PH#: ()	
Place of Employment:			Emplo	oyment PH	#:	
Father's Name:		_ Cell PH#:			_ Religion:	
Address:	City:	St:	Zip: _		Home PH#:	
Place of Employment:				Employment PH#:		
Primary Email address for Corresponden	ce:					
Marital Status of Parents: Married	Divorced	Separated	Decea	ased 🔲	Single Widowed	
Guardian/Custodian other than parent (if	applicable):				_ PH#:	
Address:	City:		St:	Zip:	Relation:	
Place of Employment:				Employment PH#:		
Family Parish:						
Alternate Emergency Information:						
Name:	PH#:			Relatio	on to Child:	
Other Children in the Home:						
1				_ Age _		
2				_ Age _		
3				Age		

^{***}Please fill out both sides. Thank you

Does your child have any medical conditions or food allergies? If so, please explain:						
Is this application for the 201201 academic year or Pres	chool Summer Program? School Year Summer					
If applying for summer camp please also fill out Summer C	Camp Registration Form on our website.					
My child will be years old on or before September 15th of 2	201					
Please mark first and second choices for classes. If your first choice	e is not available we will place you in your second choice.					
Pre-K M-F AM for 4 & 5 y.o. (Must be 5 by Mar. for M-F am	Pre-K classes) Pre-K MWF PM for 4 & 5 y.o.					
Pre-K M/W/F AM for 4 & 5 y.o.	Preschool MWF or Tu/Th both AM for 3 y.o.					
	(2 day or 3 day option)					
I also request full-time daycare available from 7:30am-5:30pm:	☐ Yes ☐ No					
For office use only:	Application received on date:					