

For Office Use
Date: _____
Amt. Pd: _____
Check #: _____

Good News Preschool
Jesus the Divine Word Parish
2026 – 2027 Registration

Child's Name: _____
Date of Birth: _____
Child's Nickname: _____

In which class do you wish to enroll your child:

3 year-old – Tuesday, Thursday	9:00 – 12:00 p.m.	_____
4 year-old – Monday, Wednesday, Friday	9:00 – 12:00 p.m.	_____

Parents' Names: _____
Address: _____

Home Phone: _____
Cell Phone: _____ E-Mail _____
Religion and Church Registered: _____

Mother's Employer: _____
Mother's Work Phone: _____

Father's Employer: _____
Father's Work Phone: _____

Does your child have any allergies, disabilities, or specific illness that would affect his/her school performance or require special health care?

No _____ Yes _____ Explain: _____

Whom do we call in case of an emergency and a parent cannot be reached:

Name: _____
Phone: _____
Relationship to Child: _____

All of the above information is true to the best of my knowledge:

Signature of Parent: _____
Date: _____