

**Fairmont Presbyterian Church Preschool**  
3705 Far Hills Ave  
Kettering, Ohio 45429  
937-299-3539  
www.fairmontchurch.org

Please Check One:

3-Year-Old M-W-F: \_\_\_\_\_

4-Year-Old M-T-W-F: \_\_\_\_\_

**2021-2022 Registration Application**

Child's First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Employer & Address \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Employer & Address \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Home address (if different from child's) \_\_\_\_\_

Parent/Guardian Church Affiliation: (name of church) \_\_\_\_\_

Names of brothers and sisters: (Please list additional siblings to the right)

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Previous Preschool or Childcare facility: \_\_\_\_\_

**Emergency Information**

Pediatrician/Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Emergency Contact: Relative/Friend \_\_\_\_\_ Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_

Emergency Contact: Relative/Friend \_\_\_\_\_ Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_

*Return Form and Registration Fee of \$50 payable to Fairmont Presbyterian Church Preschool to the address above.*