



Grove Preschool

12300 County Line Rd.

Madison, AL 35756

www.GrovePreschool.com

REGISTRATION FORM

Child's Name _____
Last First MI Name child is known by

Home address: _____ City _____ St. _____ zip _____

Parent(s)/Guardian(s) _____ Child's DOB: _____

Home Phone #: _____ Mothers cell #: _____ Fathers cell #: _____

Email address: _____

Mother's employer: _____

Father's employer: _____

Address: _____ Address: _____

Employer's phone number: _____ Employer's phone number: _____

Person(s) child may be released to:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

Does your child have any special needs? _____

Is your child allergic to anything? _____

Please mark the class you are enrolling your child for:

Monday-Friday: 8:30am-12:30 pm _____

Monday, Wednesday, Friday: 8:30 am-12:30 pm _____

Tuesday, Thursday: 8:30 am-12:30 pm _____

