



# Temple Weekday Preschool

2026-2027 Registration Form

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ \*Age: \_\_\_\_\_ Sex: M F

Home Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Father's Name: \_\_\_\_\_

Employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Does your child have any allergies? \_\_\_\_\_

Does your child have any special needs and/or receiving any type of exceptional children services (speech, occupational therapy, behavioral, autism, etc.)

If so, explain: \_\_\_\_\_

**\*Your child must be potty trained to enter a 3 year old class or above.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Attached check or cash only (Unfortunately, our system will not accept credit cards.)

***Office Use Only:***

Date Fees Paid: \_\_\_\_\_ Registration: \_\_\_\_\_ Supply: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Days attending: \_\_\_\_\_ Assigned Teacher: \_\_\_\_\_