

Learning For His Glory Preschool

Child's Information

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Requested Start Date

\_\_\_\_\_  
Gender

Does your child receive any services (speech, early intervention, occupational therapy, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

Additional notes:

Parent/Guardian Information

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Additional Notes: