STONEBRIDGE CHRISTIAN PRESCHOOL
REGISTRATION FORM 2010-2011

Child's Full Name _____
First Middle Last

Child Prefers To Be Called _____

Birth date ___/____/____ **Gender: M / F** **Home Phone** _____
(mm/dd/yyyy) *(please circle)*

Address _____
Street City State / Zip Code

Class:

_____ **2 yr old (T)** _____ **2 yr old (F)** _____ **3 yr old 2 day (M/W)**
_____ **3 yr old 2 day (T/Th)** _____ **3 yr old 3 day (M/W/F)**
_____ **4/5 yr old– 3 day (M/W/F)** _____ **4/5 yr old-5 day (M/T/W/Th/F)**

Father or Legal Guardian:

Full Name _____
First Middle Initial Last

Employer_____ **Home Address** _____

Work Phone_____ **Home Phone** _____

Cell Phone _____ **Pager Number** _____

E– Mail Address _____

Mother or Legal Guardian:

Full Name _____
First Middle Initial Last

Employer_____ **Home Address** _____

Work Phone_____ **Home Phone** _____

Cell Phone _____ **Pager Number** _____

E– Mail Address _____

Your registration is not complete until:

1. You have registered your child online OR returned this paper registration form.
2. You have paid the registration fee.
   Please enclose your $30.00 Non-Refundable Registration Fee with this form.
3. You have returned the Emergency and Medical Information Form (downloadable online).
4. You have provided an immunization record (if not detailed in the Emergency and Medical Information Form).

Please return this form with your registration fee to the StoneBridge Christian Preschool.
Mail: StoneBridge Christian Preschool, 15801 Butler Ave, Omaha, NE 68116
Phone: Preschool 402-571-6515 x 109 Phone: Church 402-571-2038 x 109
Fax: StoneBridge Christian Preschool, fax# 402-571-7865