



# Kids Caboose Preschool

610 Grover St. · Lynden, WA 98264 · Phone: 360-354-4221, ext. 20

## Registration Form

Today's Date: \_\_\_\_\_ Session: (Circle preference)

Mon/Wed a.m.    Tues/Thurs a.m.    Mon/Wed p.m.

Child's Name: \_\_\_\_\_  
Male \_\_\_ Female \_\_\_ Birth date: \_\_\_\_\_ Age upon entering school: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is the child living with both parents? Yes \_\_\_ No \_\_\_  
(if not, with whom?) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

List of people approved to bring and pick up your child:

\_\_\_\_\_

Names of people NOT approved to pick up your child:

\_\_\_\_\_

Local Church Affiliation: \_\_\_\_\_

Would you like to be contacted regarding information about First Reformed Church?

Yes \_\_\_ No \_\_\_



First Reformed Church

610 Grover St. Lynden WA 98264 ~To know Christ and to make Him known~  
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