



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. (split class)

Mon/Wed p.m. (split class)

Tues/Thurs a.m. (3/4 year olds)

Tues/Thurs a.m. (4/5 year olds)

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