

Ogden Junior Preschool Registration Application

Year 202__/202__

Please rank your choices in order of preference. See web site for more information on class offerings:

Monday/Wednesday/Friday a.m. 8:55 ____ 9:05 ____ no preference ____
Tuesday/Thursday a.m. 8:55 ____ 9:05 ____ no preference ____

Full name of child: _____ Sex: M / F
Name child is to be called: _____ DOB: _____
Home Address: _____
Town: _____ State: _____ Zip: _____
Phone: _____
Email: _____

Parental Information:

Father's Name: _____	Mother's Name: _____
Home Address: _____	Home Address: _____
Town/State: _____ Zip: _____	Town/State: _____ Zip: _____
Cell Phone: _____	Cell Phone: _____
Occupation: _____	Occupation: _____
Place of Business: _____	Place of Business: _____
Business Phone: _____	Business Phone: _____

Siblings:

Name: _____ Age: _____	Name: _____ Age: _____
Name: _____ Age: _____	Name: _____ Age: _____

Persons authorized to pick up child in case of emergency if neither parent is available (no more than 15 minutes away). *Two contacts must be listed:*

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Town/State : _____ Zip: _____	Town/State: _____ Zip: _____
Phone: _____	Phone: _____
Cell: _____	Cell: _____

Medical Information:

Name of child's Doctor: _____
Doctor's Address: _____
Town: _____ State: _____ Zip: _____
Phone Number: _____

My child has the following serious condition(s), which requires immediate medical attention:

My child has the following allergies: _____

In the event of a medical emergency, I authorize Ogden Junior Preschool to seek medical attention for my child.

Date: _____ Signature: _____

Please include a \$65 registration fee with your application. Checks should be made out to Ogden Junior Preschool.

Have any other children in your family attended OJP? If yes, please tell the name of the children and years attended.

Are you an Ogden Memorial Presbyterian Church member? _____