

DOVE CHRISTIAN PRESCHOOL
7555 SW 45th Ave.
Portland, OR 97219

REGISTRATION FORM

<i>Office Use Only</i>	
Registration Fee	_____
Cash/Check#	_____
Preschool I	_____
Preschool II	_____
Date Received	_____
Initials	_____

Please return this completed form with the \$100.00 non-refundable registration fee to Dove Christian Preschool. There will be a \$15 service charge for all checks returned for insufficient funds.

Child's Name _____

Birth Date _____ Age _____

Address _____

City _____ State _____ Zip _____

Father's Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Employer _____ Work Phone _____

Email _____

Mother's Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

Employer _____ Work Phone _____

Email _____

EMERGENCY CONTACTS:

Name _____ Phone _____

Address _____

() Relative () Friend () Neighbor

Name _____ Phone _____

Address _____

() Relative () Friend () Neighbor

Church Affiliation _____

Names and ages of siblings _____

How did you hear about Dove? _____

Parent or Guardian's Signature _____ **Date:** _____