

LONDON BRIDGE PRESCHOOL & KINDERGARTEN

REGISTRATION FORM

School Year: 2026-2027

☐ Returning Student ☐ New Student

Child's Full Name _____

Name child goes by _____ DOB _____ Sex: ☐ M ☐ F

Address _____

Main Phone _____ Primary Contact Email _____

Secondary Contact Email _____

Parent Information ☐ Married ☐ Unmarried ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Father's Name _____ Address (if different) _____

Occupation _____ Work # _____ Cell # _____

Mother's Name _____ Address (if different) _____

Occupation _____ Work # _____ Cell # _____

Child Resides With (**if not the Mother or Father**) Name _____

Relationship _____ Work # _____ Cell # _____

Emergency Contacts:

(Two **local** persons **other than** parents available for emergency pick-up during school hours)

1. Name _____ Home # _____ Work # _____ Cell # _____

2. Name _____ Home # _____ Work # _____ Cell # _____

Persons NOT authorized to pick-up: _____

Names and ages of siblings: _____

Church you are currently attending: _____

Would you be interested in information about London Bridge Church? ☐ Yes ☐ No

Would you be interested in part-time employment with London Bridge Preschool? ☐ Yes ☐ No

How did you hear about our program? _____

Check Choice of Program Below:

☐ **TODDLER:** ☐ 5 day (M-F) ☐ 3 day (M-T-W) ☐ 3 day (W-Th-F) ☐ 2 day (M-T) ☐ 2 day (Th-F)

☐ **3 YR OLD:** ☐ 5 day (M-F) ☐ 3 day (M-W)

☐ **2 1/2 YR OLD:** ☐ 5 day (M-F) ☐ 3 day (M-T-W) ☐ 3 day (W-Th-F) ☐ 2 day (M-T) ☐ 2 day (Th-F)

☐ **4 YR OLD:** ☐ 5 day (M-F) ☐ 4 day (M-Th)

☐ **KINDERGARTEN**

Student is signed up for: ☐ Before School Care ☐ After School Care (**Complete BSC/ASC Registration Form**)