

**Mansfield 1st EPC Preschool**  
Registration Form 2018-2019

Date Registered \_\_\_\_\_  
Fee Due \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
Cash Receipt # \_\_\_\_\_  
Check # \_\_\_\_\_

Please Mark Correct Program(s)  
TuTh Class \_\_\_\_\_ (younger 3 year olds)  
MWF Class \_\_\_\_\_ (older 3's – 5 year olds)  
5-Day 1 Class \_\_\_\_\_ (4 years old by 9/30/18)  
5-Day 2 Class \_\_\_\_\_ (5 years old by 1/1/19)  
Preschool Plus \_\_\_\_\_ (extended care)  
*(We do not accept teacher requests.)*

**Student Information**

Child's Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_

**Mother/Guardian Information**

Mother/Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Work: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Father/Guardian Information**

Father/Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Work: \_\_\_\_\_ Work Number: \_\_\_\_\_

I understand that the Mansfield 1st EPC Preschool reserves the right in extreme circumstances to terminate the enrollment of any child if, in the opinion of the Preschool staff, continued attendance would not be in the best interest of either the child or of the Preschool.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_