



3500 West Fuson Road
Muncie, In 47302
765-284-7466

Next Generation Preschool Registration Form 2011-2012

***** Office Use Only *****	
Date Received	_____
Class Assigned	_____
Parent Packet Sent	_____
Payment Received	_____
_____ Cash	_____ Check #

Student Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Mother's Name _____ Child Pickup Okay? ___ Yes ___ No

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Name _____ Child Pickup Okay? ___ Yes ___ No

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Choose which class you child will attend below:

- | | | |
|--------------------|--|-----------------------|
| _____ 2-3 Year Old | 9:00- 11:00 am Tuesdays & Thursdays | \$35 Registration Fee |
| _____ 4-5 Year Old | 9:00- 11:30 am Mondays, Wednesdays & Fridays | \$50 Registration Fee |

Please complete the other side —>

Contact Information: Please list all individuals who are able to pick up your child *and/or* who may be contacted in an emergency:

Name _____ Relationship _____ Pickup ___ Emergency Contact
Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____ Pickup ___ Emergency Contact
Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____ Pickup ___ Emergency Contact
Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____ Pickup ___ Emergency Contact
Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____ Pickup ___ Emergency Contact
Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____ Pickup ___ Emergency Contact
Home Phone _____ Cell Phone _____ Work Phone _____

I agree to have my child's name, parent's name, address, and phone number included with the class list to be shared with other parents:

___ Yes ___ No Signature _____ Date _____