

OAK HILLS CHRISTIAN PRESCHOOL

Registration Form

(Can be mailed to 2800 NW 153rd Ave, Beaverton, OR 97006)

School Year: _____ Class: _____

CHILD'S FULL NAME: _____

Name to use at preschool _____

BIRTHDATE: _____ PHONE: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

City _____ State _____ Zip _____

Parents: MOTHER: _____

Work Phone _____ Cell _____

FATHER: _____

Work Phone _____ Cell _____

Person to contact if you can't be reached:

Name _____ Phone _____

ALLERGIES: _____

Other medical concerns: _____

CHILD'S INTERESTS: _____

Children previously enrolled at Oak Hills Christian Preschool

For school use: Date received _____ Registration fee paid _____