

# Heritage Christian Academy

## 2018-19 Pre-K Registration Form

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_  
Street Number City Zip Code

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name of parent(s) or guardian with whom the child lives:  
\_\_\_\_\_

Age on September 1, 2018 \_\_\_\_\_ Years \_\_\_\_\_ Months

Birth date \_\_\_\_\_ Gender \_\_\_\_\_

If your child has previously attended a preschool, please indicate the school name.  
\_\_\_\_\_

Is English spoken in the home? Yes No

If not, what is the primary language? \_\_\_\_\_

Is your family United States Citizens? Yes No

Are there any physical limitations, special needs or allergies that we should be aware of?

Yes or No / If Yes, Please explain \_\_\_\_\_

How did you hear about Heritage Christian Academy? \_\_\_\_\_

Heritage Christian Academy has been approved to be exempt from licensure from the Georgia Department of Early Care and Learning under rule 591-1-1-46.

\_\_\_\_\_  
Signature of parent/guardian

Circle preferred days of week to enroll: (hours 9 am -12 pm):

4 Days (M/T/W/TH)

5 Days (M – F)

For Office Use Only:

REGIS: \_\_\_\_\_

BOOK: \_\_\_\_\_

TECH: \_\_\_\_\_

TOTAL PAID: \_\_\_\_\_ METHOD: \_\_\_\_\_

CLASS \_\_\_\_\_ DAYS: \_\_\_\_\_