



# Preschool @ West Washington



All Day, 5 days a Week

Name of student:

Last

First

Middle

Address:

Street

City

Zip Code

Phone #:

Male

Female

Birthdate:

Cell phone #

Cell phone #

Father's Name:

Mother's Name:

Work Number:

Work Number:

Email:

Email:

In case of emergency, please call (other than parents):

Name:

Phone:

**\*You will need to provide a copy of your child's immunization records and a physical before he or she will be allowed to attend YMCA PreSchool.**

Will your child ride a bus? \_\_\_\_\_

Bus Number \_\_\_\_\_

**If own Transportation**

Name:

Relationship:

Phone:

Registration \$35.00

Paid \_\_\_\_\_