

Heritage Christian Academy

2018-19 2 Year Old 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 number of days and each day of week to enroll: (hours 9 am -12 pm):

Days: 2 days 3 days 4 days 5 days

MON

TUE

WED

THU

FRI

For Office Use Only:

REGIS: _____

TOTAL PAID: _____ METHOD: _____

BOOK: _____

TECH: _____

CLASS _____ DAYS: _____