



Registration Form

Wings Christian Preschool, Crosswinds Wesleyan Church
3360 Middle Cheshire Road, Canandaigua, NY 14424

Child's name _____ Birthday _____

Address _____ email _____

Enrollment in: (check one)

Preschool (3 by Sept. 1st) M/W 9:15 - 11:45 _____

T/Th 9:15 - 11:45 _____

M/W 12:30 - 2:30 _____

PreKindergarten Friday 9:15 - 11:45 _____

Friday 12:30 - 2:30 _____

5 Afternoons M-F 12:30 - 2:30 _____

COMBO class T/Th 12:30 - 2:30 _____ (plus one morning class and Friday)

Little Wings (2 by Sept. 1, parental participation required) Wed. 9:30 - 10:30 _____

Thurs. 9:30 - 10:30 _____

Mother's Name _____

Phone number: _____

Father's Name _____

Phone number: _____

Marital status: _____

Mother's Employer _____

Phone number: _____

Father's Employer _____

Phone number: _____

Siblings (names and birthdates) _____

Preschool information:

Who do you authorize to pick your child up from school?

Name _____ Phone number _____ Relationship _____

Name _____ Phone number _____ Relationship _____

Other:

1. Is your child left or right handed? _____
2. Is this your child's first experience away from home? _____
3. Church affiliation _____
4. Does your child have any fears that you are aware of? _____

5. Does your child have any special needs that we should be aware of? _____

6. Does your child have any allergies? _____
7. How did you find out about our Preschool? _____