

# FIRST CHRISTIAN PRESCHOOL

REGISTRATION 2024-2025

711 East Victory Drive, Savannah, Georgia 31405

Phone 912-234-3149

Child's Full Name \_\_\_\_\_ Prefers \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

***Siblings - Please include sex, age and schools attended:***

\_\_\_\_\_  
\_\_\_\_\_

Previous School Experience \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Father's Name \_\_\_\_\_ Mobile \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Special Interests/Hobbies \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mobile \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Special Interests/Hobbies \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Marital Status: ( ) Married ( ) Divorced ( ) Widowed ( ) Single