PRE-REGISTRATION FORM

EARLY CHILDHOOD CENTER - CORAL GABLES CONGREGATIONAL CHURCH

This form will place your child on the waiting list, please enclose **$20** for processing.

Child's Name: _____ Girl___ Boy___ Date of Birth_____
first last month/day/year

Home Address _____ Home phone (___) _____

City _____ Zip _____ e-mail address_____

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Parent's Name _____ Parent's Name _____

Work phone (____) _____ Work phone (____) _____

Cell phone (____) _____ Cell phone (____) _____

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Are you an active member of Coral Gables Congregational Church? _____**yes** _____**no**

Do you have other children who have attended our school? _____**yes** _____**no**

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Names & birthdays of siblings: _____

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Parent's Signature **Date of Application**