

Blessed Beginnings Preschool Registration Form  
219 N Muessing Street, Indianapolis, IN 46229  
317.894.4841

Primary Class (3yr old)

Pre-K Class (4-5yr old)

Student's Name: \_\_\_\_\_ Birthday \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Custodial Parent: Y/N

Email Address \_\_\_\_\_ Cell: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Custodial Parent: Y/N

Email Address \_\_\_\_\_ Cell: \_\_\_\_\_

Employment \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Concerns \_\_\_\_\_

Medication taken \_\_\_\_\_

List those permitted to pick up your child

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

List those restricted from contact with your child

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Church \_\_\_\_\_

Home school district \_\_\_\_\_