

SAMUEL PRESCHOOL
320 NORTH FORSYTH BLVD.
CLAYTON, MO 63105
314-721-5437

CHILD'S NAME _____

ADDRESS _____ ZIP _____

PHONE _____ BIRTH DATE _____

EMAIL _____

CLASS:

TWO DAY AM: (MON/WED) _____ Interest in 1 or 2 more days _____

THREE DAY AM: (MON/WED/FRI) _____ Interest in TUES/THURS _____

FIVE DAY AM: (MON THROUGH FRI) _____

PARENT (S):

NAME _____

OCCUPATION _____

EMPLOYER _____

NAME _____

OCCUPATION _____

EMPLOYER _____

PREVIOUS PEER GROUP EXPERIENCES _____

PHYSICIANS NAME AND PHONE _____

EMERGENCY CONTACT NAME AND PHONE _____

PARENT SIGNATURE _____ DATE _____

New Students - Please return this form with your \$50 registration fee.