

Registration Form for Bally Community Preschool Play & Learn Class for 2-year-olds

Application date: _____

Child's Name _____ Male _____ Female _____

Date of Birth _____

Address _____

Home Phone # _____ Cell Phone # _____

Father's Name _____

Phone # while child is in class: _____

Mother's Name _____

Phone # while child is in class: _____

Names & Ages of Siblings _____

Child's Doctor _____ Phone # _____

Any allergies? YES NO

Any dietary restrictions? YES NO

Emergency Information: If you cannot be reached in an emergency, whom should we call?

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____

Persons who may pick up your child:

1 _____

2 _____

3 _____

Is there any other information we should know about your child? Please use the back of the form if necessary.

To register your child, please mail this form with your non-refundable tuition fee of \$25 to:

Bally Community Preschool
PO Box 498
Bally, PA 19503

Checks can be made payable to:

Bally Community Preschool

The remaining \$25 is due the first session.



Please check the session you are registering for:

Fall: Monday _____ Friday _____

Spring: Monday _____ Friday _____