



Early Learners

International Preschool

Where everyday is a fun learning experience.

REGISTRATION FORM

Child's Full Name: _____
(First) (Middle) (Last)

Birth Date: _____

Food and/or Other Allergies: _____

Any Special Health Conditions: _____

Address (NO PSC BOX) _____

Mother's First Name: _____ Last Name: _____

Cell Phone: (____) _____

Work Phone: (____) _____

Email Address: _____

Father's First Name: _____ Last Name: _____

Cell Phone: (____) _____

Work Phone: (____) _____

Email Address: _____

Please note that the school has no access to American based phone numbers