



ROSEN TANGELO PARK PRESCHOOL

INTEREST FORM

Child's Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Mobile Phone #: _____ E-mail: _____

Custody: Both Parents / Mother Only / Father Only / Legal Guardian

Other children (siblings) living at the same address:

1. Name: _____ School: _____ Grade: _____

2. Name: _____ School: _____ Grade: _____

3. Name: _____ School: _____ Grade: _____

Secondary Contact Information

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

Do you currently receive child care assistance through the School Readiness (SR) program offered by Community Coordinated Care for Children (4C)? **Yes / No**

This is to certify that all the information on this registration form is true to the best of my knowledge. I understand that inadequate information may result in my child not being placed in Rosen Tangelo Park Preschool.

Parent Signature: _____ Date: _____