



**Main Street Kids School  
Preschool Registration  
5073 Lavista Road, Tucker GA 30084  
2009-2010**

(Please Print)

Child's Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Parent's Name (s) \_\_\_\_\_ & \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone (Mom) \_\_\_\_\_ Pager (Mom) \_\_\_\_\_

Cell Phone (Dad) \_\_\_\_\_ Pager (Dad) \_\_\_\_\_

E-Mail Address (if applicable) \_\_\_\_\_

(We send email blast updates)

Child's Siblings and their ages \_\_\_\_\_

\_\_\_\_\_

Primary language spoken in home: \_\_\_\_\_

Church you Attend: \_\_\_\_\_ (If you do not have a church home, we would love to have you consider Tucker First Baptist.)

Father's Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

***In Case of Emergency, Call:***

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

New Students only – Referred By: \_\_\_\_\_

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