

**PRE-REGISTRATION FORM**

EARLY CHILDHOOD CENTER - CORAL GABLES CONGREGATIONAL CHURCH

This form will place your child on the waiting list, [please enclose \\$10 for processing.](#)

Child's Name: \_\_\_\_\_ Girl \_\_\_ Boy \_\_\_ Date of Birth \_\_\_\_\_  
first last month/day/year

Home Address \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ e-mail address \_\_\_\_\_

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Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

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Are you an active member of Coral Gables Congregational Church? \_\_\_\_yes \_\_\_\_no

Do you have other children who have attended our school? \_\_\_\_yes \_\_\_\_no

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Names & birthdays of siblings: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature Date of Application