

St. Peter's Seasons Early Childhood Center

2024/2025 Preschool Registration Form

Child's Name _____ Date of Birth ____/____/____ Age ____

Male ____ Female ____ Baptism/Dedication Date _____ Church _____

Present Address _____ City _____ Zip Code _____

Father's Name _____ Father's Church Denomination _____

Mother's Name _____ Mother's Church Denomination _____

Phone Number(s) H: _____ Mom's C: _____ Dad's C: _____

Mom's E-mail _____ Dad's E-mail _____

Child resides with ____ Mom & Dad ____ Mom ____ Dad ____ Other Guardian

If Other Guardian, please explain _____

Parents are ____ Married ____ Divorced ____ Separated ____ Remarried ____ Never Married

Names of Other Children in the Family: _____

Father's Occupation _____ Name of Employer _____

Working Hours ____ to ____ Work Phone # _____

Mother's Occupation _____ Name of Employer _____

Working Hours ____ to ____ Work Phone # _____

How did you hear about Seasons of Learning? _____

Has your child been previously enrolled in a child care setting? Yes/No Please explain:

Please send a non-refundable registration fee of \$75 with this form.

Signature _____ Today's Date _____

If mailing your registration, mail to: St. Peter's Seasons Early Childhood Center
67055 Gratiot Ave.
Richmond, MI 48062