

Registration
Central York High School
Preschool Lab Program 9:30-12:00

Sessions subject to change.

_____ T/TH Class (Multi-Age)

_____ M/W/F Class (4s Only)

Date received _____ (office use)

Child's Name _____

(First) (Middle) (Last) (Nickname)

Child's Birthdate _____ Current Age _____ Gender _____
Month / Day / Year

Parent/Guardian Names _____

Elementary School child will be attending (if known) _____

Address: (Please include street name)

E-mail Address _____

Telephone Numbers:

Home _____ Cell _____

Other _____

Other Persons at Home

Age

Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Language Spoken at Home _____

List any health concerns

