

**HAZELWOOD CHRISTIAN PRESCHOOL  
PDO REGISTRATION FORM**

Hazelwood Christian Preschool  
1400 W. University Avenue  
Muncie, Indiana 47303  
284-2430

***** Office Use Only *****	
Date Received	_____
Registration Paid	_____

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

Mother's Name \_\_\_\_\_ Child Pickup Okay? ☐ Yes ☐ No

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Child Pickup Okay? ☐ Yes ☐ No

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ May we send correspondence there? ☐

Emergency Contact Name	Phone (H)ome (W)ork (C)ell
_____	H W C
_____	H W C
_____	H W C

Any information about your child we should know (i.e. allergies, medication), please include it here:

2012-2013

Please enclose a \$30.00 registration fee. Registration for siblings is \$10.00 per additional child.

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