

# West Cobb Prep Academy



## Pre-Registration Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Requested Start Date \_\_\_\_\_ Date of Registration \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Mother's Home Telephone \_\_\_\_\_  
Mother's Work Telephone \_\_\_\_\_  
Mother's Wireless Telephone \_\_\_\_\_  
Mother's E-mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Father's Home Telephone \_\_\_\_\_  
Father's Work Telephone \_\_\_\_\_  
Father's Wireless Telephone \_\_\_\_\_  
Father's E-mail Address \_\_\_\_\_

Has your child been in childcare before?     Yes     No  
If yes, was it a positive experience?     Yes     No

What are your expectations of our school for your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note: Start date dependent upon availability.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*Educating today's children for tomorrow's world!*