



**Little Arrows Christian Preschool Registration Form, continued:**

<b>Child's Name</b>	_____	_____	_____
	First	Middle	Last

**Other information about your child:**

Does your child have allergies?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child left or right-handed?  Left  Right  Uncertain

Is this your child's first experience away from home?  Yes  No

Does your child have any special needs that we need to be aware of?  Yes  No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any fears that you're aware of?  Yes  No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your church affiliation? \_\_\_\_\_

How did you find out about Little Arrows Christian Preschool? \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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