



Chestnut Mountain Presbyterian Church Preschool & Kindergarten Registration form 2026-2027

Child's Name _____

Date of Birth _____ Gender: Male Female

Registering For: MMO 2s 3s Pre-K Kindergarten

Allergies _____

Teacher Request _____

Mother's Name _____

Cell # _____ Employer _____

Father's Name _____

Cell # _____ Employer _____

Home Address _____

Email _____

Emergency Contact – other than parents (we will always contact parents first)

Name & Relation to child _____

Contact # _____

Authorized people to pick up your child & relation to child

Siblings: Name & Age _____

If you attend church, where? _____