

# Harvey Browne Preschool Registration Form

Date of Application \_\_\_\_\_ Please Read Carefully

I hereby make application for the admission of my child to Harvey Browne Preschool. Along with this application, I am paying a registration fee. *I agree to pay tuition for the entire school year on May 1, or in three installments due on May 1, October 1, and February 15.* I understand that **no portion** of the registration fee or tuition is refundable.

Child's name \_\_\_\_\_ Child's gender  Male  Female

Name child is called \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Class (number of days / age) \_\_\_\_\_ Second choice \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Child lives with \_\_\_\_\_

Father's employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's employer \_\_\_\_\_ Phone \_\_\_\_\_

List siblings and ages \_\_\_\_\_  
\_\_\_\_\_

General health / allergies (food, animals) \_\_\_\_\_

Any special needs or services (emotional, physical, learning disabilities) \_\_\_\_\_  
\_\_\_\_\_

Child has had chicken pox?  Yes  No Child has had measles?  Yes  No

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Previous schools attended \_\_\_\_\_

Have siblings previously attended Harvey Browne?  Yes  No

Harvey Browne Memorial Presbyterian Church Member?  Yes  No

Signature \_\_\_\_\_



311 Browns Lane  
Louisville, KY 40207

**Harvey Browne**  
Preschool

Telephone 502.895.2577  
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