



Church of the Divine Child  
Religious Education Dept.  
25001 Herbert Weier Drive  
Dearborn, MI 48128

## Sunday Preschool Registration Form

(Please Print)

Member of Divine Child Parish?    Circle: Yes / No

Student's Name: \_\_\_\_\_ Male ( ) Female ( )

Address: \_\_\_\_\_ Birth date: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Cell phone # if possible: \_\_\_\_\_

Email Address: \_\_\_\_\_

Has your child received the Sacrament of Baptism? Circle: Yes / No

Has your child attended a preschool before? Circle: Yes / No

Does your child have any allergies, including food allergies?

If so, please list: \_\_\_\_\_

Would you like to help in the Sunday Preschool program? Yes / No

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

**Tuition Rates:** \$70.00 per year

**All tuition is due upon receipt of registration**

Date paid: \_\_\_\_\_ Amt. paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_