



352 S Main Street Crown Point IN 46307
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Registration Form

M F

Child's Name Birth Date Gender

Address City State Zip Code

Telephone E-Mail Address

Primary Language Spoken in Home Home Church

Mother's Name (and address, if different from child's)

Mother's Occupation Mother's Mobile Phone

Father's Name (and address, if different from child's)

Father's Occupation Father's Mobile Phone

Parent's Marital Status: Married Divorced Separated Widowed Single

Sibling Names and Ages

I would like to enroll my child in the following class:

Pre-3 Morning Pre-3 Afternoon Pre-K Morning Pre-K Afternoon