

**FULLERTON FREE**  
**preschool**

# Fullerton Free Preschool Registration 2024-2025

2801 Brea Blvd., Fullerton, CA 92835

(714) 257-4302

Child's Name: \_\_\_\_\_ AKA.: \_\_\_\_\_  
Last First

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_  
Month Day Year

Home Address: \_\_\_\_\_  
Number and Street City Zip Code

Parent 1 Full Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Parent 2 Full Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Does your child have any allergies? Y/N If so, please list \_\_\_\_\_  
\_\_\_\_\_

Classroom Request (optional, not guaranteed) \_\_\_\_\_

Preferred Start Date (not guaranteed): \_\_\_\_\_

Is your child currently enrolled at another school or been previously enrolled? Y/N  
If so, what is the reason for changing schools?

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_