

Sherman County Child Care Foundation, Inc.

ABC Huskies Child Care

PRESCHOOL REGISTRATION FORM

Child's Full Name _____

Nickname _____

Date of Birth _____ Age _____ Sex _____ M _____ F

Home Address _____

City _____ State _____ Zip Code _____

Parent/Guardian's Name _____

Email _____ Cell Phone _____

Home Phone _____ Work Phone _____

Occupation _____ Employer _____

Parent/Guardian's Name _____

Email _____ Cell Phone _____

Home Phone _____ Work Phone _____

Occupation _____ Employer _____

Please submit completed registration form to:

**ABC Huskies Child Care
Attention: Director
P.O. Box 424
Wasco, OR 97065**