

Registration Form

School Year: _____

Class assigned: _____

Child's Name: _____ girl _____ boy _____

Child's Social Security Number: _____ Date of Birth: _____

Child likes to be called: _____

Previous preschool or daycare attendance: _____ Where? _____

Parents:

Mother's name: _____ Home phone: _____

Home Address: _____ Cell Phone _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____

Days and Hours: _____ Email _____

Father's name: _____ Home Phone: _____

Address (if different) _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____

Days and Hours: _____ Email: _____

Other children in the family (Please give names and ages):

Transportation Plan:

To insure the safety of your child, please list all adults, including yourself, to whom your child may be released or who are authorized to provide transportation for your child:

Emergency Information: (in case of an emergency, if family cannot be reached, notify:)

1. Name: _____	2. Name : _____
Relation: _____	Relation: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____

Medical Information:

Physician's Name: _____ Phone : _____

Address: _____

List all known allergies: _____

Is your family affiliated with a church in this community? _____ Where? _____

Eating Habits:

What is your child's general attitude toward eating? _____

Favorite Snack Foods: _____

Disliked Foods: _____

Toilet Habits:(please circle one) **3 & 4's must be completely Trained**

Is your Child: Completely In the middle of Just starting Not potty training?
Can he/she take themselves? Yes No Will notify teacher the need to go? Yes No
Can manage own clothes? Sometimes Most of the time All the time No

Speech and Physical Growth:

Speaks:	Well	Fairly well	Not very well	Not at all
We read:	Often	Fairly often	Sometimes	Rarely

Would you describe your child as:

_____ Active _____ Quiet _____ Friendly _____ Unfriendly
_____ Aggressive _____ Shy _____ Passive _____ "Mine" Stage

Academics :

My child can recognize:

Colors :	_____	All _____	Some _____	None _____
Shapes :	_____	All _____	Some _____	None _____
Numbers 1-20	_____	All _____	Some _____	None _____
Upper Case Letters	_____	All _____	Some _____	None _____
Lower Case Letters	_____	All _____	Some _____	None _____

Cutting Ability: _____ Good _____ Some what good _____ Not at all

Please list any information you feel would be beneficial for our staff to know:

By signing this form, I agree to authorize emergency medical treatment for my child.

Signature of Parent or Guardian