

APPLICATION/REGISTRATION FORM

Child's Name _____
(Last) (First) (Middle) (Nickname) (gender M/F)

Parent Email Address(es) _____

Child's Address _____ Age _____ D. O. B. _____

Mother's Name _____ Home/Cellular Phone _____

Mother's Address _____ Zip Code _____

Mother's Employer _____ Business Phone _____

Father's Name _____ Home/Cellular Phone _____

Father's Address _____ Zip Code _____

Father's Employer _____ Business Phone _____

Marital Status _____ Custody _____

Other Family Members (names, ages) _____

Church Affiliation _____

If child is not living at home, name of responsible adult _____

Address _____ Home/Cellular phone _____

Employer _____ Work phone _____

For times when you cannot call for your child at dismissal, please list 3 names and local phone numbers of other persons to whom your child can be released

INFORMATION ABOUT YOUR CHILD

List All Allergies _____

Please use the other side of this form to give us information concerning your child that will be helpful in making the preschool hours a positive experience. (Examples: favorite people, toys, activities, foods; eating and sleeping habits, your system of discipline, fears or anxieties, etc.)

EMERGENCY CARE INFORMATION

Physician's Name _____ Office Phone _____

Office Address _____

Dentist's Name _____ Office Phone _____

Office Address _____

Hospital Preference _____

Medical Insurance Company _____ Policy Number _____

Name of Policy Holder _____

Local persons to be contacted in case of emergency if parents cannot be reached

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____