

Registration Form

Identification & Emergency Information



****Please print clearly**

Date _____

Paid Amt _____

**PRIMARY
PARENT/ GUARDIAN**

First Name _____ Last Name _____ Cell (____) _____

Address _____ City _____ State _____ Zip _____ Home (____) _____

Relationship to Child _____ Driver's License _____ Work (____) _____

Email _____ Occupation/Employer _____

PARENT/ GUARDIAN

First Name _____ Last Name _____ Cell (____) _____

Address _____ City _____ State _____ Zip _____ Home (____) _____

Relationship to Child _____ Driver's License _____ Work (____) _____

Email _____ Occupation/Employer _____

**EMERGENCY CONTACTS
(Other than Parents-Will
be Authorized to Pick Up)**

First Name _____ Last Name _____ Cell (____) _____

Address _____ City _____ State _____ Zip _____ Home (____) _____

Relationship to Child _____ Driver's License _____ Work (____) _____

First Name _____ Last Name _____ Cell (____) _____

Address _____ City _____ State _____ Zip _____ Home (____) _____

Relationship to Child _____ Driver's License _____ Work (____) _____

**MEDICAL
INFO**

Physician _____ Address _____ Phone (____) _____ Medical Plan/# _____

Dentist _____ Address _____ Phone (____) _____ Dental Plan/# _____

**ADDITIONAL
AUTHORIZED
PICK UP
PERSONS**

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

**CHILD # 1
INFORMATION**

First Name _____

Last Name _____

Age _____ Date of Birth _____

Sex _____ Toilet Trained: Yes Remind No

Previous Preschool _____ Years _____

Allergies _____

Drop Off Time _____ Pick Up Time _____

**CHILD # 2
INFORMATION**

First Name _____

Last Name _____

Age _____ Date of Birth _____

Sex _____ Toilet Trained: Yes Remind No

Previous Preschool _____ Years _____

Allergies _____

Drop Off Time _____ Pick Up Time _____

Comments _____

Signature _____ Date _____