



Growing God's Amazing Kids
Registration Form 2021-2022

Office Use
Class: <input type="checkbox"/> 4 MWF <input type="checkbox"/> 4MTTH <input type="checkbox"/> 3TTH <input type="checkbox"/> 3 WF
Date Received _____
<input type="checkbox"/> Registration <input type="checkbox"/> Medical <input type="checkbox"/> Immunization
<input type="checkbox"/> Emergency <input type="checkbox"/> Gym Waver

Child's Name _____ **Nick Name** _____

Class you are registering for:

3 Year Old Class (must be 3 by Sept. 1)

T Th 9:00-11:30 W F 9:00-11:30

4 Year Old Class (must be 4 by Sept. 1)

M 9:00-11:30, TTh 9:00-3:00 M W F 9:00-11:30

Birthdate ___/___/___ (circle one) M F Age on Sept. 1, 2021: (circle one) 3 4 5

Address _____ City _____ Zip _____

Mother's Name _____ Address (if different) _____

Mother's Email _____ Mother's Cell # _____

Mother's Occupation _____

Place of Employment _____ Phone _____

Father's Name _____ Address (if different) _____

Father's Email _____ Father's Cell # _____

Father's Occupation _____

Place of Employment _____ Phone _____

Daycare Provider _____ Phone Number _____

Address _____

Emergency Contacts, if you cannot be reached:

1. Name _____ Phone _____

2. Name _____ Phone _____

Person(s) authorized to take your child from school:

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

4. Name _____ Phone _____

*Is there anyone who **may not** take your child from school? _____

Name _____

Please fill out back side

Child lives with:

Both parents: _____ Mother: _____ Father: _____ Other : _____

Other Children in the family

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Other adults in the home _____ Relationship _____

Doctor to be called in an emergency _____ Phone _____

Preferred Hospital _____

Child's Dentist _____ Phone _____

Does your child have any physical restrictions? _____

Does your child have any allergies? _____

What is your child's favorite play activity/toy? _____

How does your child feel about going to preschool? _____

How would you describe your child? (circle one) Shy Cautious Friendly Outgoing

What do you expect for your child from his/her preschool experience?

Is there anything else you would like us to know about your child?

Signature _____ **Date** _____

<p>Photographs</p> <p>Salem Preschool has my permission to post pictures that include my child on Salem Preschool's Facebook page and for use in, but not limited to, program slide shows, bulletin board displays, and flyers promoting our preschool.</p> <p>Signature _____ Date _____</p>
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