

# Salem Preschool

## Registration Form 2020-2021

Office Use		
Class:	<input type="checkbox"/> 3/4 MWF	<input type="checkbox"/> 4MTTH <input type="checkbox"/> 3TTH
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  M W F 9:00-11:30

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

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

Birthdate \_\_\_/\_\_\_/\_\_\_ (circle one) M F

Age on Sept. 1, 2020: (circle one) 3 4 5

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Address (if different) \_\_\_\_\_

Father's Email \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Address (if different) \_\_\_\_\_

Mother's Email \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Mother'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><b>Photographs</b></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><b>Signature</b> _____ <b>Date</b> _____</p>
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