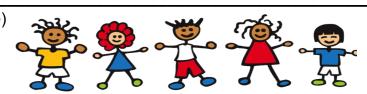


Office use			
GreenOrange			
Medical			
Emergency			

2024-2025

Child's Name Nick Name		ame
Address	City	Zip
Birthdate// (circle one) M F		024: (circle one) 3 4 5
Class you are registering for:		
3 year old class:Green (T,TH)Orange (W,F) 4 y	ear old class:Blue	e (MWF)Purple (M,T,TH)
Mother's Name		
Address (if different)		
Mother's Email	Mother's Cell #	
Mother's Occupation		
Place of Employment		
Father's Name		
Address (if different)		
Father's Email		
Father's Occupation		
Place of Employment		
Daycare Provider	Phone Number	
Address		· · · · · · · · · · · · · · · · · · ·
		Phone
Preferred Hospital		
	DentistPhone	
Does your child have any physical restrictions?		
Does your child have any allergies?		
Does your child have any medical conditions we s		
If yes, please explain		
		

(Please complete other side)



Emergency Contacts, if you cannot b	e reached (Please list two people other than child's parents)
1. Name	Phone
2. Name	
Address	
Persons authorized to take your chi	ld from school:
1. Name	Phone
2. Name	
3. Name	
4. Name	
*Is there anyone who may not take y	our child from school? Yes No (circle one) If yes, please
provide name:	
Child lives with:	
both parentsmo	therfatherother
Other Children in the Family	
Name	Age
Name	
Name	Age
Name	Age
Other adults in the home	Relationship
How does your child feel about goin	ig to preschool?
	?ShyCautious Friendly Outgoing
What do you expect for your child fr	om his/her preschool experience?
ls there anything else you would like	e us to know about your child?
Signature	Date

