



2024-2025

Office Use	
Class: <input type="checkbox"/> Blue	<input type="checkbox"/> Purple <input type="checkbox"/> Green <input type="checkbox"/> Orange
Date Received _____	
<input type="checkbox"/> Registration	<input type="checkbox"/> Medical
<input type="checkbox"/> Immunization	<input type="checkbox"/> Emergency
<input type="checkbox"/> Photo Release	

Child's Name _____ Nick Name _____

Address _____ City _____ Zip _____

Birthdate ___/___/___ (circle one) M F Age on Sept. 1, 2024: (circle one) 3 4 5

Class you are registering for:

3 year old class: Green (T,TH) Orange (W,F) 4 year old class: Blue (MWF) Purple (M,T,TH)

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 _____

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? _____

Does your child have any medical conditions we should be aware of? _____

If yes, please explain _____

(Please complete other side)



Emergency Contacts, if you cannot be reached (Please list two people other than child's parents)

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

Persons 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? Yes No (circle one) If yes, please provide name:** _____

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** _____

How does your child feel about going to preschool? _____

How would you describe your child? _____ 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 _____

