REGISTRATION FORM

Date: _____

Child's Information

_____

First Name Middle Name Last Name

Nickname _____

(What name should we call your child? What would you like printed on their nametag?)

Birthday:_____ Gender: _____

Allergies:

_____

_____

Address _____

Parent / Guardian Info:

_____

First Name Last Name Relationship to child

Email:_____ Phone: _____

Employer: _____

Work Address: _____

Work Phone Number: _____

Parent / Guardian Info:

_____

First Name Last Name Relationship to child

Email:_____ Phone:

Employer: _____

Work Address: _____

Work Phone Number: _____

Emergency Contact #1 (Adult other than parents)

First Name Last Name Phone Number

Complete Address (incl. city, state, zip): _____

What does your child call this person?: _____

Emergency Contact #2 (Adult other than parents)

First Name Last Name Phone Number

Complete Address (incl. city, state, zip): _____

What does your child call this person?: _____

Additional Information

Child's Physician - Name, Address, Phone Number: _____

Medical Insurance - Name, Policy #, Phone Number: _____

Describe allergies and intolerance to food, medications, etc. (If none, write NONE)

Chronic physical problems, diseases, pertinent developmental information, special accommodations, etc. (If none, write NONE): _____

All person(s) authorized to pick up child (in addition to parents): _____

What year does your child plan to begin kindergarten? _____

Siblings (First names and birthdates): _____

All information provided is complete and true to the best of my knowledge.
I understand if changes are made, it is my responsibility to inform the teacher/school as soon as possible.

Printed Name *Signature* *Date*