



**Preschool Registration**

Please complete the full 9 page packet. All sections must be completed and signed. Dr.'s report must be stamped by Dr.'s office. Return with the non-refundable \$100 annual registration fee to secure your placement.

**Student Information**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female \_\_  
 Nickname or Preferred Name: \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Potty training/Diapers? Yes or No  
 Preferred Schedule:  Monday-Friday  Tuesday & Thursday  Monday, Wednesday & Friday  Full Days 6:30-6pm  Half Days 8:30- 12:30  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**ALLERGIES (Please List):**

**Parent/Guardian - Contact Information**

**Parent/Guardian #1**  
 First \_\_\_\_\_ Last \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 State Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_ (\*Req. for Taxes)

**Parent/Guardian #2**  
 First \_\_\_\_\_ Last \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 State Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_ (\*Req. for Taxes)

Parent's Marital Status:  Married/Cohabiting  Single  Divorced/Separated  Remarried/Blended Families  
 Students Siblings: \_\_\_\_\_  
 StepParents/StepSiblings: \_\_\_\_\_  
 Other Family Members in Child's residence: \_\_\_\_\_

Information you feel we should know about your child: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

**Emergency Contact #1**  
 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relation to child \_\_\_\_\_  
**Emergency Contact #2**  
 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relation to child \_\_\_\_\_