

Child First Name: _____ M.I. ____ Last Name: _____ Registration Date: _____

Name child prefers to be called: _____ Class: Toddler Preschool Pre-K

Child's Address: _____

Gender: Male Female Date of Birth: _____

List all existing medical conditions, and special needs your child may have: _____

Allergies: _____

Pediatrician's Name: _____ Phone: () _____ Address: _____

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Email: _____

Custodial Parent (If married, mark both parents)

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Email: _____

Custodial Parent (If married, mark both parents)

Marital Status: Married Single Divorced Separated Widowed Other _____

Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

Contact/Pick Up Name: _____ Phone: _____ Relationship: _____

Permission to maintain a photo of your child for security purposes: Yes No

Permission to maintain photos/videos of your child for promotional use: Yes No

Signature of Parent/Guardian Providing this Data: _____

Signing Parent's Name: _____ Date Signed: _____