

Creator Preschool Registration Form

Child's Full Name: _____

Name Child Prefers to be Called: _____

Male/Female

Address: _____ (street) _____ (city) _____ (state)

(zip)

Home Phone: _____

Subdivision: _____

Mother: _____ Employer: _____ Phone: _____ Cell _____

Father: _____ Employer: _____ Phone: _____ Cell _____

E-mail Address _____

Do both parents live at home? _____ If no, list person having legal custody: _____

EMERGENCY INFORMATION:

Please list 2 persons to be contacted in an emergency in the event that parents cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor's Name, Address, & Phone:

Please list all persons authorized to pick up your child:

Please list any allergies (food and/or drug):

Person(s) NOT AUTHORIZED to pick up your child:

PARENTAL AGREEMENTS:

In case of an emergency situation and parents cannot be reached, I assume all liability and give permission for my child to be treated by any licensed physician or hospital.

SIGNED: _____ DATE: _____

My child has permission to participate in any enrichment activities with the Preschool program. I understand that I will always be told in advance of all activities.

SIGNED: _____ DATE: _____

The Preschool agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick up thereafter as soon as possible.

SIGNED: _____ DATE: _____

Please circle program: 2 day (Tuesday/Thursday) 3 day (Monday/Wednesday/Friday) 5 day (Monday-Friday)

Child's Birthday _____