

SINKING SPRING PRESCHOOL Registration



FOR SCHOOL USE ONLY	
Program	_____
Date Registration Received	_____
Received	_____
Registration Fee	_____
Birth Certificate Copy	_____
Current Vaccination Record	_____

Name of Child: _____ Date of Birth: _____

Parents/Gaurdian: _____

Address: _____

Telephone: (home) _____ (work) _____

E-Mail address: _____

Emergency Contact Person (other than parents):

Name _____ Telephone: _____

Persons Allowed to Pick-up Child

Name _____ Telephone _____

Name _____ Telephone _____

Physician: _____ Telephone _____

Are Vaccinations up to date? _____

Medical/Physical problems and/or Allergies: _____

Medications: _____

(New Registrants – Please include a copy of child's birth certificate and current vaccination record)

Child's Name _____

Siblings
(Name & Ages) _____

Pets
(Kind & Name) _____

Parents' occupation:

Father: _____

Mother: _____

What does you child like to do? (read books, play with dolls, build w/blocks, etc.)

Are there any fears? (dogs, darkness, spiders, etc.)

Is there anything you feel we should know about you child?

