



**2020-21 Registration Form**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Telephone Number \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F

E-mail \_\_\_\_\_

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**Circle Class Choice**

**2 Year Playgroup: Option #1 MW 9:00 – 11:30 a.m.**

**3 Year Old Class: Option #1 TTH 9:00 – 11:30 a.m.**

**Pre-K Class: Option #1 MW OR Option #2 MWF 9:00 – 11:30 a.m.**

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**Parent Information**

Mom's Name \_\_\_\_\_

Dad's Name \_\_\_\_\_

Parents are: \_\_\_\_\_ both at home \_\_\_\_\_ live separately

**Family Information**

Names and ages of Siblings \_\_\_\_\_

**Emergency Contact Information (other than parents)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**List anyone who may NOT have contact with your child**

\_\_\_\_\_

**Immunization Records** -- Please provide us with a copy of your child's records from his/her physician.

**The following immunizations are recommended by the CDC.**

Hepatitis B	Rotavirus	DTaP	Hib	Pneumococcal
IPV	MMR	Varicella	Hepatitis A	Yearly Influenza

**Medical Information**

List all allergies (foods, medicines, etc.) \_\_\_\_\_

\_\_\_\_\_

List any medical conditions \_\_\_\_\_

List all medications taken on a regular basis \_\_\_\_\_

Is the child potty trained?    YES    NO    IN PROCESS

List any concerns with toilet training \_\_\_\_\_

List any emotional concerns \_\_\_\_\_

List any speech or hearing concerns \_\_\_\_\_

**Physician Information**

**If you or your emergency contact cannot be reached in case of a medical/dental emergency, we will contact the medical center of your choice, or call 911 if necessary. Please fill in the following information and sign below to give us permission to do so.**

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Additional Information**

Please list any information that you feel will be helpful to the teacher.

\_\_\_\_\_

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