

PRESCHOOL REGISTRATION FORM

Child's full name _____

Date of birth _____ Age _____

Child lives with: Mother Father Both parents Other

PARENT OR GUARDIAN INFORMATION

Father's name _____

Father's address _____

Email _____ Phone _____

Mother's name _____

Mother's address _____

Email _____ Phone _____

FAMILY INFORMATION

Brothers and /or Sisters (please indicate ages and whether they live with the child)

PERMISSION TO PICK UP FROM SCHOOL

Persons authorized to pick up my child

1. _____
2. _____
3. _____

Persons who MAY NOT pick up my child:

PERMISSION FOR HEALTH CARE

Child's name _____ Date _____

Child's Physician _____ Phone _____

EMERGENCY CONTACTS

Please list two people that we may contact in case of an emergency

Name _____ Phone _____

Name _____ Phone _____

FIRST AIDE

In the event of an emergency, I authorize the staff to provide any first aide care deemed necessary for my child.

Signature/Date

EMERGENCY CARE

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature/Date

HEALTH RECORD TRANSFER

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

Signature/Date

ALLERGIES

Please list any known allergies

PARENT SURVEY-PRESCHOOL

Dear Parent,

Each year, we ask for parent input to help us make decisions about the kindergarten program for the next school year. Please take a few minutes to answer the following questions about your child who will be starting school in the fall.

Child's name _____

Skills	Often	Sometimes	Rarely	Not Sure
1. Does your child like to look at books?				
2. Does someone read to your child?				
3. Does your child seem to understand when read to by paying attention or asking questions?				
4. Does your child speak in complete sentences?				
5. Does your child try to write by using letters, pictures, or scribbling?				
6. Does your child tell stories and sing songs?				
7. Can your child identify colors,, shapes and sizes?				
8. Can your child correctly count to 10?				

What area do you see as the greatest need for your child?