

BETHANY BEAR'S PRESCHOOL
REGISTRATION FORM

Date: _____

Child's name _____ Birthday _____ Male ☐ Female ☐

Name child is called: _____ Age (by Sept) _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Parents' Names	Occupation	Preferred email address

Siblings' Name(s)	Age

Other members of the household

Name	Relationship

Pets

Name	Type

Names of two persons (friends or relatives) who may be called in case of emergency in the event that you cannot be reached:

Name	Relationship	Cell

Child's Physician: _____ Phone: _____

Immunization (give month and year)

Polio					
DPT					
MMR			HIB		
Other (Name/date)					

Has your child's hearing been tested?

Yes ☐ ☐ ☐ No ☐ ☐ ☐

When? _____

Has your child's eyesight been tested?

Yes ☐ ☐ ☐ No ☐ ☐ ☐

When? _____

Any medical special needs?

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Please list and explain any allergies.

Does your child have any speech difficulties?

Yes ☐ No ☐

If so, briefly explain? _____

Has your child had any previous preschool or playground experience?

Yes ☐ No ☐

If so, where? _____

Does your child have a favorite toy?

Yes ☐ No ☐

If so, name? _____

Does your child have a favorite activity?

Yes ☐ No ☐

If so, what? _____

Is there another language other than English spoken in the home?

Yes ☐ No ☐

If so, what? _____

Does your child sleep well at night?

Yes ☐ No ☐

Does your child have any nightmares or fears that you are aware of?

Yes ☐ No ☐

If so, what (fears)? _____

Are there any areas of growth or concerns that you would like to see occur this year with your child?

Please give us a brief description of your child's personality and temperament:

How, and by whom, were you referred to Bethany Bear's Preschool?