

**GARBER PRESCHOOL  
STUDENT REGISTRATION**

**PLEASE PRINT:**

Name of Child: \_\_\_\_\_  
(last) (first) (middle) (nickname)

Address: \_\_\_\_\_  
(street) (city) (State) (zip code)

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Home/Primary Cell Phone \_\_\_\_\_  
(mo/day/yr)

primary e-mail \_\_\_\_\_ e-mail 2 \_\_\_\_\_

**Parent or Guardian Information**

Father's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Business phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Business phone \_\_\_\_\_

**Family Information**

Brothers and /or sisters (please indicate names, ages and whether they live with the child)

\_\_\_\_\_  
\_\_\_\_\_

Please indicate church affiliation and/or religious preference \_\_\_\_\_

Please list any other persons living with the child and their relationship to the child \_\_\_\_\_

\_\_\_\_\_

**Pick-up**

Persons authorized to pick up child \_\_\_\_\_

\_\_\_\_\_

Persons known to you who *may not* pickup child \_\_\_\_\_

**Information about your child**

Has your child had a previous group or preschool experience? \_\_\_\_\_

If so, where and when? \_\_\_\_\_

Known allergies \_\_\_\_\_

Medical, Developmental or Special Conditions : \_\_\_\_\_

What word does your child use for toileting? \_\_\_\_\_

Any additional information such a child's communication, comforting, special likes or dislikes, eating habits, play habits and so on?

\*\*\* Garber Preschool offers a Preschool Directory which lists the children by class and includes: address, home phone # and parents' names.

Photos taken of your child may be used by the Preschool but will not include any identifying information without parental consent.

As part of your supply fee you will receive a Garber Tee Shirt. Please indicate the size tee shirt you would like for your child next year.

Children's' size :                    \_\_\_\_xs                    \_\_\_\_small                    \_\_\_\_medium

Parent Signature \_\_\_\_\_ date \_\_\_\_\_

\*\*\*\*\*

**Please check preference:**

**Mother's morning out**

\_\_\_\_ Wednesday

**15 months - 23 months class**

\_\_\_\_ Tuesday / Thursday    \_\_\_\_ Mon/Wed/Fri

**24 months - 36 months class**

\_\_\_\_ Tues/Thurs                    \_\_\_\_ Mon/Wed/Fri

**3 year old class**

\_\_\_\_ Tues/Thurs    \_\_\_\_ Tues/Wed/Thurs    \_\_\_\_ Mon/Wed/Fri    \_\_\_\_ M-F

**4 year old class**

\_\_\_\_ M-F

**Transitional Kindergarten Class**

\_\_\_\_ M-F (8:00-12:00)

Fees	Date	Check #	Amount
reg			
supply			