

Registration Information

Christ United Methodist Preschool

Child

First Name _____ M _____ Last Name _____

Birth Date _____ Birthplace _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

Sex: M F Race: Caucasian African American Hispanic Asian American Indian Multiracial

Parents: () Married () Divorced () Separated () Widowed () Single

Admission Date: _____

Session: Summer Fall Reg Fee _____

Class: 2 yr. 3 yr. 4 yr. PFA

Schedule: M T W Th F

Full Day _____ A.M. _____ P.M. _____

Office Use Only

	Father	Mother
Name		
Home Phone		
Work Phone		
Cell Phone		
E-mail		
Home Address (if different from child address above)	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Employer		
Work Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Work Hours	From _____ To _____ S M Tu W Th F S	From _____ To _____ S M Tu W Th F S

If parents divorced, child lives with: Both Parents Mother Father Legal Parent/Guardian

Is divorce or legal guardian paperwork Decree on file? Yes No

If parents divorced, legal guardian is: Mother Father Legal Guardian

If legal guardian is not parent please fill in the following:

Legal Guardian _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____

Allergies

List the name and birth date of all children living in your home:

Name	DOB	Are they currently in daycare?	Name	DOB	Are they currently in daycare?

Physician Information:

Child's Doctor (or Clinic)	Phone	Preferred Hospital

Emergency Contact Information

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to Child		
Home Street Address		
City, State, Zip Code		
Home Phone		
Is this person authorized to make medical decisions for your child if you cannot be reached?		

Pick-Up Information

The following people **HAVE** permission to pick up the child/children named below from the childcare home: Christ United Methodist Preschool Center. It is the parent's responsibility to notify me in writing of any changes.

Name	Relationship	Phone	Address

The following people **MAY NOT** pick up my child(ren) from Christ United Methodist Preschool Center:

Name	Relationship	Phone	Address

Note: Any person unfamiliar to me will be required to show proof of identification and state the code word. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services, and forfeiture of retainer.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
(Your Daycare name goes here)	Date

Child Information

List contagious diseases, serious injuries or surgery your child has had. If possible give date.

Has your child had any difficulty with:

Vision

Hearing

Speech

Does your child take medication on a regular basis?

What is the medication?

What is the purpose of the medication?

When does your child usually go to bed?

Wake up?

Does your child usually nap?

Does your child have any fears we should be aware of?

How has that fear been handled?

Which method of discipline or behavior management have you found most effective?

Give any additional information about your child or family that may be helpful to us in understanding your child. Include anything that the teachers should know for daily care of your child. (Routines, special words, etc.)

What are your child's favorite indoor and outdoor activities?

Has there been a recent addition at your house? (Baby, grandparent, etc.)

Has your child had any unusual experiences? (Travel, hospitalization)

Has your child previously attended Daycare/Preschool? If yes, please list school.

What do you hope your child will gain from the program?

Note anything you feel would help us provide an enriching program for your child.