

Three Springs Preschool Registration Form 2012-2013

Child's Information

Child's full name: _____

Name child goes by: _____

Date of birth: _____ Sex: M/F

Child's home address: _____

Child's home phone number: _____

Parent or Guardian Information

Father's name: _____ Phone: _____

Father's address: _____

Father's occupation and place of employment: _____

Work phone and/or cellular phone number: _____

Mother's name: _____ Phone: _____

Mother's address (if different than father's): _____

Mother's occupation and place of employment: _____

Work phone and/or cellular phone number: _____

Parents' marital status: _____

Family Information

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

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Church you attend: _____ Name of pastor: _____

Class Selection Form

I wish for my child to be enrolled in the following class:

_____ Two-Year Olds (Monday/Tuesday/Thursday, 9:00 – 11:30)
(Must be 2 by September 1, 2012)

_____ Three-Year Olds (Monday/Tuesday/Thursday, 9:00-11:30)
(Must be 3 by September 1, 2012)

_____ Four-Year Olds (Monday/Tuesday/Thursday/Friday 9:00-11:30)
(Must be 4 by September 1, 2012)

Where did you hear about our preschool?

_____ Shiloh UMC

_____ Newspaper

_____ Outdoor signs

_____ Preschool families

_____ Other: _____

Emergency Contacts and Medical Permission Form

Name of adult who will assume responsibility if parents cannot be located:
(At least one contact needs to be local)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Family Physician:

Name: _____ Address: _____

Phone: _____

Permission to seek medical help:

If you and the physician of your choice as indicated above cannot be reached in an emergency, and if, in the judgment of Three Springs staff, immediate medical and/or hospital attention is needed, do you authorize responsible Three Springs staff to send your child (properly accompanied) to an available hospital or physician, being aware that you are responsible for any charges incurred?

Yes _____ No _____

Date _____

Hospital of choice: _____

Parent Signature: _____ Date _____

Personal Information Form

Is your child right-handed or left-handed?

Has your child had any experience in preschool or group interaction?
If so, where and when?

Does your child have any allergies? What are they? Are there symptoms we should note?

Are there any past or current medical problems that we need to be aware of? Past surgeries?

What words does your child use for toileting?

List any special food or eating instructions:

What are your child's interests?

What activities does your child enjoy most?

