

Westover Preschool

Child Registration Form

This form must be completely filled out. **DO NOT LEAVE ANY LINES BLANK.**

Child Information

Child's Full Name _____

What name should we call your child? _____

Address _____

Email Address _____

Phone _____

Date of Birth _____

Gender (circle one) male female

Family Information

Father _____ Home Phone _____

Home Address _____ Cell Phone _____

Occupation and Place of Employment _____

_____ Work Phone _____

Mother _____ Home Phone _____

Home Address _____ Cell Phone _____

Occupation and Place of Employment _____

_____ Work Phone _____

Person(s) or Agency having Legal Custody of Child _____

Please list all other siblings and their age _____

Emergency Information

List any allergies or intolerances to food, medicine, etc. and action to be taken in an emergency _____

Child's Physician _____ Physician's Phone _____

List any chronic physical problems & pertinent developmental information _____

List any special accommodations needed _____

General Information

Please list any Schools or Child Day Care Programs and location your child has previously attended (excluding this one) _____

Please list any Schools or Child Day Care Programs and location your child is currently attending (excluding this one) _____

Contacts

Please list the names of people authorized to pick up your child

Monday

Name _____ Phone _____

Name _____ Phone _____

Wednesday

Name _____ Phone _____

Name _____ Phone _____

Friday

Name _____ Phone _____

Name _____ Phone _____

Please list the names and addresses of two local people (with different addresses) to contact if parents cannot be reached.

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

Please list names of people **NOT** authorized to pick up your child. Appropriate paperwork such as custody papers must be attached if a parent is not allowed to contact or remove the child from preschool.

If this changes I will notify you in writing.

Parent Signature _____

Date _____

{over}

Agreements

1. The school agrees to notify parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.
Please initial _____
2. The parent/guardian authorizes the school to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.
Please initial _____
3. The parent/guardian agrees to inform the school within 24 hours or the next business day after the child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
Please initial _____
4. The parent/guardian gives permission for the child to participate in the schools transportation and field trips. Yes ___ No ___ Please initial _____
5. The parent/guardian has received and understands the policies and procedures contained in the **Parent Manual**. (will be given at the Open House)
Please initial _____

Signatures

Signature of Parent/Guardian _____

Date _____

Administrator of Preschool _____

Date _____

Office Use Only

Child Identity Verification

Child's Name _____

Place of Birth _____

Date of Birth _____

Birth Certificate Number _____

Date Issued _____

Other Form of Proof _____

Signature of employee who viewed proof of child's identity
_____ date _____

First Date of Attendance _____

Date Fall Conference Offered _____

Date Spring Conference Offered _____

Last Date of Attendance _____