



Preschool 2023-2024 Registration Form

This form must be filled out in its entirety.
DO NOT LEAVE ANY LINES BLANK.

Child Information

Child's Full Name _____

Nickname/Preferred name _____

Home address _____

Phone (____) _____ Date of Birth _____ Gender ___male ___female

Family Information

Parent 1 _____

Home address _____

Home phone (____) _____ Mobile phone (____) _____

Workplace information _____ Workplace phone (____) _____

Email address _____

Parent 2 _____

Home address _____

Home phone (____) _____ Mobile phone (____) _____

Workplace information _____ Workplace phone (____) _____

Email address _____

Emergency Information

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

Child's Physician _____ Physician's phone (____) _____

List any chronic physical problems and/or pertinent developmental information _____

Has your child ever had an IFSP (Individualized Family Service Plan) or IEP (Individualized Education Plan)? yes no If so, please provide information about this so that we can better serve your child. _____

List any further special accommodations your child may need _____

General Information

List any schools/child day programs your child has previously attended (excluding this one): _____

List any schools/child day care programs your child is currently attending (excluding this one): _____

What is the first language spoken within your home? _____

Emergency Contacts

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

Name _____ Relationship to child _____

Primary phone _____ Secondary phone _____

Address _____

Name _____ Relationship to child _____

Primary phone _____ Secondary phone _____

Address _____

Authorized Pick-Ups

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

Name _____ Primary phone (_____) _____

Name _____ Primary phone (_____) _____

Name _____ Primary phone (_____) _____

Name _____ Primary phone (_____) _____

Name _____ Primary phone (_____) _____

Name _____ Primary phone (_____) _____

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 any information listed on this form changes, I will notify you in writing.

Parent/Guardian Signature _____ Date _____

Agreements

1. The school agrees to notify the 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 location 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 disease which must be reported immediately.
Please initial _____

4. The parent/guardian gives permission for the child to participate in the school's transportation and field trips.
Yes _____ No _____ Please initial _____

5. I hereby authorize the City of Harrisonburg to interview my child and/or use my child's likeness and name in materials to be used in public service announcements, public education initiatives, and in the service of the public good. This authorization extends to all publications including print, digital, or any other format whether now known or hereafter existing, controlled by the City of Harrisonburg. I will make no monetary or other claim against the City of Harrisonburg for the use of my child's interview, likeness, and/or name in perpetuity.
Yes _____ No _____ Please initial _____

6. The parent guardian has received and understand the policies and procedures contained in the **Parent Manual**. Any updates to the manual will be given via written notice.
Please initial _____

Office Use Only- Child Identity Verification

Child's Name: _____ Date of Birth: _____

Place 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: _____

Last Date of Attendance: _____

