



## Preschool 2024-2025 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  
Must be 3 Years old by 09/30/2024 or 4 Years Old by 09/30/2024

### 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 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 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: \_\_\_\_\_