

Little Angels Preschool: Registration and Emergency Form 2017-2018

Child's Name: _____ Gender: _____ DOB: _____

Allergies: _____

Street Address: _____ State/zip _____

Mother's Name: _____ Address if different: _____

Phone: (H) _____ (W) _____

(C) _____ Email _____

Father's Name: _____ Address if different _____

Phone: (H) _____ (W) _____

(C) _____ Email _____

Daycare Provider's Name: _____ Phone: _____

Emergency Contacts: (If parents cannot be reached)

1) Name: _____ Phone: _____

Address: _____ Relationship: _____

2) Name: _____ Phone: _____

Address: _____ Relationship: _____

Doctor: _____ Phone: _____

Address: _____

Hospital: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Class: (Please check) Child must be 4 yrs. Old by Sept. 1st for 4 yr. old preschool and 3 yrs. Old by Oct. 1st for 3 yr. old preschool. Options include morning OR all day.

9:00 am to 11:00 am T/TH _____ 9:00 am to 3:30 pm T/TH _____

9:00 am to 11:30 am M/W/F _____ 9:00 am to 3:30 pm M/W/F _____

9:00 am to 11:30 am M/T/ W/F _____ 9:00 am to 3:30 pm M/T/W/F _____

9:00 am to 11:30 am M/T/W/TH/F _____ 9:00 am to 3:30 pm M/T/W/TH/F _____

(Four day choice may be flexible according to your needs: such as M/W/TH/F)

Authorization to treat if unable to reach one of the above:

Health Information/Needs: _____

HAS YOUR CHILD COMPLETED THE EARLY CHILDHOOD SCREENING? _____

Date of screening _____ Please provide a copy.

Parent/Guardian Signature: _____