

# Preschool Application & Registration

## GENERAL INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

goes by: \_\_\_\_\_ boy \_\_\_ girl \_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone Number to be contacted at \_\_\_\_\_

Preferred Method of Contact: \_\_\_ Phone call \_\_\_ Text Message \_\_\_ Email \_\_\_

## FAMILY INFORMATION

DAD's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address (if different from child's)  
\_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

e-mail \_\_\_\_\_

MOM's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address (if different from child's)  
\_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

e-mail \_\_\_\_\_

Other People in the household (e.g. brother, sister, etc)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any allergies (including food) and reactions:

\_\_\_\_\_

\_\_\_\_\_

Are there any concerns of:

\_\_\_\_\_ hearing loss or difficulties \_\_\_\_\_

\_\_\_\_\_ vision difficulties \_\_\_\_\_

\_\_\_\_\_ Speech difficulties \_\_\_\_\_