



Preschool Registration Form (ages 3-5)

Child's Information:

- Full Name: _____
- Date of Birth: _____
- Gender: ☐ Male ☐ Female
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Parent/Guardian Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact Information:

- Name: _____
- Relationship: _____
- Phone Number: _____

Medical Information:

- Does your child have any allergies? ☐ Yes ☐ No
- If yes, please specify: _____
- Is your child currently on any medications? ☐ Yes ☐ No
- If yes, please specify: _____
- Name of Pediatrician: _____
- Pediatrician's Phone Number: _____

Preschool Program Preferences:

- Desired Start Date: _____
- Preferred Schedule: ☐ Full-time ☐ Part-time
- If part-time, please specify days: _____
- Additional Comments or Special Requests: _____

Parent/Guardian Signature: _____ Date: _____