



FAMILY REGISTRATION FORM

SHEET 1 OF 3

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Do you have a Medical Note Identifying the Allergy? Yes No

Does your child have a medically prescribed EPI pen? Yes No Other? _____

Pediatrician's Name: _____ Phone: () _____

Address: _____



Child Information - Continued

2nd Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Do you have a Medical Note Identifying the Allergy? Yes No

Does your child have a medically prescribed EPI pen? Yes No Other? _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

3rd Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Do you have a Medical Note Identifying the Allergy? Yes No

Does your child have a medically prescribed EPI pen? Yes No Other? _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Do you have additional Children that you are not registering? Yes No

Ages: _____

Registration Fee:

Registration Fee provides a family with advanced enrollment placement and is non-refundable. Amount \$

_____ Check Number _____ (filled out during Registration).

Family Schedule:

Typical drop off time? _____ Typical pick up time? _____



Additional Comments & Information:

Would you provide some additional information to support to our management and teaching staff in serving your family better?

Food Preferences /Dietary Omissions (if any):

Child's favorite Meals/ Foods: _____

Snacks: _____

Other General Information you wish to share about your child's likes/dislikes: _____

Additional Programs of Interest:

Would your family have the future need for?

After School Program with Bus (to Forrestal)

Before School Care with Bus (to local Elementary School) Name of school: _____

Summer Camp (ages 5-10) Ages: _____

Transitional Kindergarten Private Kindergarten

Other: _____

Referral:

Would you like to refer a friend(s)? Name _____ Email _____

Name _____ Email _____

Signature:

Parent's Signature: _____ **Date:** _____

Please know that our feedback helps identify family information, needs and desires so that we can serve you better.

Thank You!