



# Preschool Registration Form

## 2018 - 2019

Little Lambs 2's \_\_\_\_ Bo-Peep 3's \_\_\_\_ Jack and Jill 4's \_\_\_\_

Office use  
Half day \$50 pd \_\_\_\_\_  
Full day \$75 pd \_\_\_\_\_

### Student Information

Enrollment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Discharge Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Scheduled Days: \_\_\_\_\_

Hours in attendance: Before Care 7:30-8:30 \_\_\_\_ Half Day 8:30-11:30 \_\_\_\_ Full Day 8:30-3:30 \_\_\_\_ After Care 3:30-5:30 \_\_\_\_

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_\_

Child lives with \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Place of work: \_\_\_\_\_

Days Worked: \_\_\_\_\_ Hours: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Place of work: \_\_\_\_\_

Days Worked: \_\_\_\_\_ Hours: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Child's Physician \_\_\_\_\_

Address of Physician: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

### Authorized Pick-up List Emergency Contacts

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Address \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Address \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Address \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Does your child have any special health problems/concerns?  No  Yes

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Is your child on any medication?  No  Yes

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any food allergies or dietary restrictions?  No  Yes

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Names of any brothers or sisters:

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

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

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

Has your child attended a daycare or preschool program?  No  Yes

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Is there any other information we should know about your child?  No  Yes

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a member of First Federated Church of Peoria?  No  Yes

Would you like to hear more about First Federated Church?  No  Yes

(ex: phone call from the Associate Minister of Family Ministries, Newsletter, worship schedule, family events, etc)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_