

SALEM PRE SCHOOL
Registration Form

CHILD'S
NAME _____ NICKNAME _____ BIRTHDAY _____

ADDRESS : Street _____ City _____ Zip _____

PHONE _____ Mom's Cell _____ Dad's Cell _____

Father's Name _____ Address _____

Mother's Name _____ Address(if different) _____

Father's place of employment _____ Phone() _____

Mother's place of employment _____ Phone() _____

EMAIL ADDRESS _____

Day Care Person _____ Address _____

Day Care Phone _____ Cell _____

Doctor to be called in an emergency _____ Phone() _____

Choice of hospital _____

Source of Dental Care _____ Phone _____

Physical Restrictions _____ Allergies? _____

Person to be called in an emergency, if you cannot be reached: (Please include these people under "Persons authorized to take your child from school".)

Name _____ Address _____ Phone() _____

Name _____ Address _____ Phone() _____

Person(s) authorized to take your child from school:

Name _____ Address _____ Phone () _____

Name _____ Address _____ Phone() _____

Name _____ Address _____ Phone() _____

Name _____ Address _____ Phone() _____

Is there anyone who legally may not take your child from school? _____
(Please provide a copy of the court order.)

Other children in the family (name and age)

Other adults in home _____ Relationship _____

Is the child adopted? _____ at what age? _____ Has he been told? _____

Left-handed _____ Right handed? _____ Favorite play activity _____

Social behavior (underline word) Shy Friendly Cautious Outgoing

What do you expect for your child from his pre school experience? _____

Does your child have any special vocabulary for special needs? _____

Give any other information that might help us understand your child and his needs. _____

SIGNATURE _____ DATE _____

FIELD TRIPS:

During the school year our school may take several field trips. You will be notified in advance as to where we will be going, when and how (usually First Student Transportation). we will get there.

Your signature below will indicate that your child has permission to attend the scheduled field trips with Salem Pre School.

Date _____ Signature _____

PHOTOGRAPHS

Salem Pre School has my permission to use pictures that include my child for use in, but not limited to, program slide shows, bulletin board displays, and flyers promoting our pre school.

Date _____ Signature _____