# Preschool Registration Form

Program: _____
Start date: _____
M___ T___ W___ TH___ F ___

## Child info :

Full name: _____ Date of Birth: _____ Age:_____ Sex: _____
Address: _____ Zip:_____ Phone: _____
Parents or Guardian: _____ Home address: _____
Job: _____ Work address: _____
Phone Nº: _____ Call hours: _____ Email: _____
Job: _____ Work address: _____
Phone Nº: _____ Call hours: _____ Email: _____

## People to call in case on EMERGENCY

Full name: _____ Relationship: _____
Address: _____ Call time: _____
Phone Nº: _____
Full name: _____ Relationship: _____
Address: _____ Call time: _____
Phone Nº: _____

## Medical info:

Child's doctor: _____ Phone Nº:_____
Address: _____ Hospital: _____
Allergies _____

## People authorized to pick up:

Full name: _____ Address: _____ Phone Nº:_____
Full name: _____ Address: _____ Phone Nº:_____
Full name: _____ Address: _____ Phone Nº:_____
Full name: _____ Address: _____ Phone Nº:_____

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Registration Total:_____ Deposit: _____ Balance: _____