

OUR SAVIOR'S PRESCHOOL REGISTRATION

CHILD'S FULL NAME _____ NAME CHILD IS CALLED _____

NAME CHILD WILL LEARN TO WRITE _____

AGE (as of Sept. 6th of school year registering for) _____ BIRTH DATE ____ / ____ / ____ GIRL or BOY _____

WILL HE/SHE GO TO KINDERGARTEN NEXT YEAR (SEPT. 2027)? _____

MOTHER'S NAME _____ FATHER'S NAME _____

CHILD'S ADDRESS _____ ZIP CODE _____ CHILD'S HOME PH# _____

MAILING ADDRESS IF DIFFERENT THAN ABOVE _____

CHILD LIVES WITH _____

FATHER'S EMPLOYMENT _____ PH# _____ CELL# _____

MOTHER'S EMPLOYMENT _____ PH# _____ CELL# _____

LIST ALL THOSE PERMITTED TO PICK UP YOUR CHILD:

_____ PH# _____

_____ PH# _____

_____ PH# _____

HAS YOUR CHILD ATTENDED PRESCHOOL BEFORE? _____

PLEASE LIST OTHERS LIVING IN THE HOME (AGES) _____

IS THERE A RECENT DIVORCE, DEATH, MOVE, OR OTHER STRESS IN YOUR CHILD'S LIFE? EXPLAIN?

HEALTH INFORMATION- CHECK AND EXPLAIN ANY OF THE FOLLOWING ITEMS THAT APPLY TO YOUR CHILD.

_____ REGULAR MEDICATIONS _____

_____ ALLERGIES _____

_____ HEARING IMPAIRMENT _____

_____ EYESIGHT _____

_____ SPEECH PROBLEMS _____

_____ BEHAVIOR PROBLEMS _____

_____ OTHER _____

CHILD'S PHYSICIAN (TO BE CALLED IN AN EMERGENCY) _____ PH# _____

IF YOU CANNOT BE REACHED IN AN EMERGENCY, MAY WE TAKE YOUR CHILD TO THE HOSPITAL?

WHICH HOSPITAL DO YOU PREFER? _____

DOES YOUR CHILD HAVE A FEAR OF: _____ DOGS _____ BIRDS _____ INSECTS _____ THUNDER
_____ STORMS _____ LOUD NOISES _____ PEOPLE? EXPLAIN: _____

IS YOUR CHILD: _____ SHY _____ AGGRESSIVE _____ STUBBORN?

IS YOUR CHILD RIGHT OR LEFT-HANDED? _____

IS CHILD'S SPEECH CLEAR? _____

LIST ANY SPECIAL NEEDS YOUR CHILD HAS OR ANY CONCERNS YOU HAVE ABOUT YOUR CHILD COMING TO
PRESCHOOL: _____

NAMES OF PERSONS TO CONTACT IN CASE OF EMERGENCY IF YOU CANNOT BE REACHED:

_____ RELATIONSHIP _____ PH# _____

_____ RELATIONSHIP _____ PH# _____

_____ RELATIONSHIP _____ PH# _____

**YOUR SIGNATURES BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND OUR SAVIOR'S
PRESCHOOL POLICIES, AND THAT YOU ARE WILLING TO ABIDE BY THE TERMS THEREOF.**

SIGNATURE OF PARENTS OR GUARDIANS _____ DATE _____

_____ DATE _____

I, _____, GIVE MY PERMISSION FOR MY CHILD, _____

TO GO ON FIELD TRIPS AND TO CROSS THE STREET WITH THE PRESCHOOL TEACHERS AND/OR AIDES (MRS.
ANNA, MRS. MELINDA, MRS. LINDSEY, AND MRS. CALLIE)

PLEASE CIRCLE YOUR **1ST CHOICE**: KINDERGARTEN-READINESS CLASSES:

MTWTh MORNINGS (4/5 YR OLDS) or MTWTh AFTERNOONS (4/5 YR OLDS)

****CHILD MUST BE 4 BY SEPT 10TH (AND POTTY TRAINED) TO REGISTER FOR THE MTWTh CLASS**

BEGINNING PRESCHOOL CLASS:

TWTh MORNINGS (3 YR OLDS)

****CHILD MUST BE 3 BY AUGUST 1ST (AND POTTY TRAINED) TO REGISTER FOR THE TWTh CLASS**

HOW DID YOU HEAR ABOUT OUR SAVIOR'S PRESCHOOL?