



# Registration Form

Spanish Fort United Methodist Preschool  
2019-2020

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Preferred Name: \_\_\_\_\_ Age Now: \_\_\_\_\_

Class Requested: 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Father's Bus. Phone/Cell: \_\_\_\_\_ Mother's Bus. Phone/Cell: \_\_\_\_\_

Father's Bus. Address: \_\_\_\_\_

Mother's Bus. Address: \_\_\_\_\_

Parents' Talents to Share: \_\_\_\_\_

The following people **have permission** to pick up my child from school. Please state relationship -- relative, friend. (Feel free to attach extra sheet).

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

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

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

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

Also, please list anyone who **should not pick up** your child.

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

The following people (and pets) live at home with this child:

Name	Relationship	Age (if child)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What opportunities has your child had to play with children? \_\_\_\_\_

Child's favorite toys/special interests: \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ Will your child be potty trained by August? \_\_\_\_\_

*(Your child must be potty trained to sign up for the 3 year old and 4 year old classes)*

Are there fears of which we should be aware? Please list fear(s) and child's reaction(s):

\_\_\_\_\_  
\_\_\_\_\_

Please list any family situations which might affect your *child* (such as moving, recent loss of family member, new baby, sibling health.) This will help us understand the child's feelings, respond to the child's questions, and support the family.

\_\_\_\_\_  
\_\_\_\_\_

What, if any, recurring ailment or special medical situation does your child have?

\_\_\_\_\_  
\_\_\_\_\_

What, if any, allergies does your child have? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

If an emergency should arise and the school is unable to contact the parent or child's physician, may the doctor most quickly available be called? (Yes/No) \_\_\_\_\_

Date form submitted \_\_\_\_\_