



Registration Packet

Child's Name _____ Age _____ Boy _____ Girl _____

Child's Nickname _____ Birthdate _____

Home Address _____

Home Phone Number _____

Child's Class: M/W/F AM M/W/F PM T/TH AM T/TH PM

Mother's Information

Name _____

Occupation _____

Employer _____

Cell Phone _____

Business Phone _____

Email _____

Father's Information

Name _____

Occupation _____

Employer _____

Cell Phone _____

Business Phone _____

Email _____



Child's Name: _____

Emergency Information

Doctor's Name _____
NAME ADDRESS PHONE

Emergency Name and Phone Number: 1st Choice _____

2ND Choice _____

Pick – Up Information

Please check who is allowed to pick up your child: Mother _____ Father _____ Both _____

Please list at least two other people to whom your child may be released:

	Name	Relationship	Address	Home Phone	Cell Phone
1.					
2.					
3.					

Who will usually pick up your child? _____

The persons named above have permission to pick up my child from preschool

Signature _____ Date _____

SIBLINGS

Names & Ages:

- 1.
- 2.
- 3.



Confidential Student Profile

Child's Name: _____

Are Parents: Married _____ Separated _____ Divorced _____ Widowed _____

Other Adults living in the home:

Social and Emotional Development

Has your child attended another preschool program before? Yes _____ No _____

Has your child stayed w/ a babysitter? Yes _____ No _____

Do you feel your child will tolerate long hours away from parents? Yes _____ No _____

Do you feel your child is ready for large group situations? Yes _____ No _____

List any food allergies:

PHYSICAL ROUTINES

Does your child normally take a nap? _____ What time of Day _____ How long _____

Hand Your Child Uses Most Often: Right _____ Left _____ Both _____

What does your child say when he/she has to go to the bathroom? _____

Is she/he toilet trained? Yes _____ No _____

Does he/she go to the bathroom w/out being reminded? Yes _____ No _____

Any special information we need to know _____

Please detail any information about specific problems the child or family may have, which will be helpful for us in understanding your child better.



WRITTEN CONSENT OF PARENTS OR GUARDIAN

A signature is required below before child can be enrolled.

FIRST AID & EMERGENCY MEDICAL CARE

This authorizes Yorkville Parks and Recreation Department employees of the preschool program to secure emergency medical care for my child when I cannot be reached at time of emergency.

I/We authorize Yorkville Parks and Recreation Department employees of the preschool program to administer first aid to my child when needed. We also authorize Yorkville Parks and Recreation Department employees of the preschool program to secure emergency medical care for my child when I cannot be reached at time of emergency.

I/We will be responsible for the emergency medical charges upon receipt of the statement.

The following doctor/clinic/hospital _____ is the preferred choice.

_____/_____/_____
Date Signature of Parent / Guardian Relationship to Child

FIELD TRIPS

I hereby give permission for my child to attend scheduled preschool field trips.

_____/_____/_____
Date Signature of Parent / Guardian Relationship to Child

Picture Authorization

I hereby give permission for my child's picture to be used for publicity when taken at preschool events, for public reasons and/or usage.

_____/_____/_____
Date Signature of Parent / Guardian Relationship to Child

Picture Authorization

I hereby give permission for my child's picture that was taken during classroom activities to be shared with preschool families on Remind.

_____/_____/_____
Date Signature of Parent / Guardian Relationship to Child