



Start date _____
 Days M T W Th F _____
 Full | Half | Extended | _____
 Elementary school _____
 Greade _____

Registration Form

Child's name: _____

Address _____ City _____

Date of Birth _____ Boy _____ Girl _____ Home phone _____

Last school attended _____

Siblings) name(s), age(s) _____

Any medical problem/serious allergies, illness or injuries? If yes, please describe

Any toy/things he (she) likes/dislikes _____

Describe your child's personality _____

Method of discipline at home _____

Mother's name occupation _____

Email: _____

Mother's employer name and address _____

Mother's business phone _____ Mother's cell phone _____

Mother's CA drivers Lic# _____

Father's name father's occupation _____

Email: _____

Father's employer name and address _____

Father's business phone _____ Father's cell phone _____

Father's CA drivers Lic# _____

Both parents live in the same home? Yes No

Primary physician _____ Address _____ Phone _____

Primary dentist _____ Address _____ Phone _____

Health plan/policy # _____

Dental plan/policy # _____

Emergency contact (Name/relationship/phone#) _____

Others authorized to pick up your child (Name/relationship/phone#) _____

Food restriction, if any _____