

# Madison Avenue Preschool Registration Form

Today's Date \_\_\_\_\_ Child's Name \_\_\_\_\_

Child's DOB \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Preferred Name \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ \* must be by fall break for 3 year old classes and up\*

Mother's Name \_\_\_\_\_ Ph #. \_\_\_\_\_

Employer \_\_\_\_\_ Ph # \_\_\_\_\_

Father's Name \_\_\_\_\_ Ph # \_\_\_\_\_

Employer \_\_\_\_\_ Ph # \_\_\_\_\_

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

Email Address \_\_\_\_\_

Are you a church member, if so, where? \_\_\_\_\_

List names and phone numbers for those who are authorized to pick up your child.  
These people may also be contacted in case of emergency if we cannot reach you.

	Name	Relationship to student	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Are your child's immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_  
(copy of immunization record is required, no exemptions allowed)

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

Please list any known allergies or special health issues \_\_\_\_\_

In the event that 911 has to be called, we will request the ambulance take your child to Children's Hospital if time allows. If you prefer something different, please let me know.

I hereby authorize emergency medical care for my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_