

Deep End Preschool Registration Form



CHILD'S NAME _____ BIRTHDATE _____

PLACE OF BIRTH _____ GENDER _____

CURRENT ADDRESS _____

PRIMARY EMAIL ADDRESS _____

NAME OF MOTHER OR GUARDIAN _____

OCCUPATION _____ WORK PHONE _____

NAME OF FATHER OR GUARDIAN _____

OCCUPATION _____ WORK PHONE _____

MARITAL STATUS OF PARENTS _____

LIST SIBLINGS AND AGES _____

DOES YOUR CHILD NEED ASSISTANCE AT POTTY TIME? ____

IF SO, PLEASE EXPLAIN _____

DOES YOUR CHILD HAVE ANY SPECIAL FEARS? _____

DOES YOUR CHILD HAVE ANY HEALTH CONCERNS THAT WE SHOULD BE AWARE OF?

DOES YOUR CHILD HAVE ANY ALLERGIES? _____

DOES YOUR CHILD TAKE MEDICATION REGULARLY? _____

ARE THERE ANY SPECIAL MEDICAL, PHYSICAL, OR EMOTIONAL NEEDS THAT THE SCHOOL
OR STAFF SHOULD BE AWARE OF? _____

DOES YOUR CHILD DO WELL IN GROUP? _____

DOES YOUR CHILD ACCEPT CORRECTION EASILY? _____

WHAT IS THE METHOD OF BEHAVIOR CONTROL USED IN YOUR HOME?

HAS YOUR CHILD GONE TO PRESCHOOL OR DAYCARE BEFORE? _____

WHAT DO YOU HOPE YOUR CHILD WILL GET OUT OF OUR PRESCHOOL PROGRAM?

PLEASE CIRCLE ITEMS BELOW THAT DESCRIBE YOUR CHILD.

HAPPY	INDEPENDENT	GOOD NATURED	SLEEPY
AGGRESSIVE	STUBBORN	EVEN TEMPERED	CLUMSY
FRIENDLY	IMPULSIVE	ATTENTIVE	QUIET
MOODY	FEARFUL	SYMPATHETIC	SHY

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

CHILD'S PHYSICIAN _____ **PHONE** _____

PARENT SIGNATURE _____ **DATE** _____