

# Deep End Preschool Registration Form



CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

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	AGGRESSIVE	FRIENDLY	MOODY
INDEPENDENT	STUBBORN	IMPULSIVE	FEARFUL
GOOD NATURED	EVEN TEMPERED	ATTENTIVE	SYMPATHETIC
SLEEPY	CLUMSY	QUIET	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** \_\_\_\_\_