

## **REGISTRATION FORM**

CHILD'S NAME					/
First Name	Last Name	Da	ate of Birth	Boy	Girl
		Yes	/No	Yes	/No_
Primary Language spoken at home	Secondary		tty Trained		s nap
ADDRESS		City_		Zip	
Family Email Address	Home Pt	none#	Bes	st Emergend	cy Phone#
MOM					
First Name	Last Name		Cell Phone #	!	
Occupation	Email Address		Work Phone	Number	
DAD					
First Name	Last Name		Cell Phone	#	
Occupation	Email Address		Work Phone N	Number	
SIBLING(s) NAME(s),AGES					
PARENT SIGNATURES					
Mom's Sign	ature	Dad's	Signature		
EMERGENCY CONTACT if parents	cannot be reached:				
1					
Name	Phone#		Relation	ship	
2					
Name	Phone#		Relation	ship	
3			_		
Name	Phone#		Relation	ship	
Persons AUTHORIZED TO PICK UI anytime without a call or note from		ner than p	arents,allowe	ed to pick u	ıp child
1					
Name	Phone#		Relations	ship	

Name	Phone#	Relationship
3		
Name	Phone#	Relationship
1		
4. Name	Phone#	Relationship
MEDICAL INFORMATION		·
MEDICAL INFORMATION		
1. Primary Physician		Phone #
Filliary Filysician		FIIOTIE #
Insurance Plan	 Phone #	Child's Medical Record #
insulation flati	THORE #	Offilia 3 Wedical Necola #
2 Dentist Name		Phone #
Donate Name		Thore in
Insurance Plan	Phone #	Child's Medical Record #
My child has the following h	Medicine HEALTH CONDITIONS ( Any medic	Other sal problems, illness or injuries? if yes, please
describe.)  CONSENT FOR MEDICAL T	HEALTH CONDITIONS ( Any medic	eal problems, illness or injuries? if yes, please
My child has the following has cribe.)  CONSENT FOR MEDICAL T  As the parent, or legal guar	HEALTH CONDITIONS ( Any medic REATMENT dian, I hereby give consent to Hap	
My child has the following hedescribe.)  CONSENT FOR MEDICAL T  As the parent, or legal guarall emergency medical or de	HEALTH CONDITIONS ( Any medic REATMENT dian, I hereby give consent to Hap ental care prescribed by a licensed	eal problems, illness or injuries? if yes, please
My child has the following hescribe.)  CONSENT FOR MEDICAL T  As the parent, or legal guardall emergency medical or demedical personnel, such as	HEALTH CONDITIONS ( Any medic REATMENT dian, I hereby give consent to Hap ental care prescribed by a licensed fireman, or EMT for my child:	eal problems, illness or injuries? if yes, please  py Friends Preschool of Pleasanton to provided Physician or Dentist, or other emergency
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