



REGISTRATION FORM

CHILD'S NAME _____ / _____
First Name Last Name Date of Birth Boy Girl

Primary Language spoken at home Secondary Yes /No Yes /No
Potty Trained Takes nap

ADDRESS _____ City _____ Zip _____

Family Email Address Home Phone# Best Emergency 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 Number

SIBLING(s) NAME(s), AGES _____

PARENT SIGNATURES _____
Mom's Signature Dad's Signature

EMERGENCY CONTACT if parents cannot be reached:

1. _____
Name Phone# Relationship

2. _____
Name Phone# Relationship

3. _____
Name Phone# Relationship

Persons AUTHORIZED TO PICK UP your child (List people, other than parents, allowed to pick up child anytime without a call or note from parent) :

1. _____
Name Phone# Relationship

2. _____
Name Phone# Relationship

3. _____
Name Phone# Relationship

4. _____
Name Phone# Relationship

MEDICAL INFORMATION

1. _____
Primary Physician Phone #

Insurance Plan Phone # Child's Medical Record #

2. _____
Dentist Name Phone #

Insurance Plan Phone # Child's Medical Record #

My child has the following known ALLERGIES:

Food Medicine Other

My child has the following HEALTH CONDITIONS (Any medical problems, illness or injuries? if yes, please describe.)

CONSENT FOR MEDICAL TREATMENT

As the parent, or legal guardian, I hereby give consent to Happy Friends Preschool of Pleasanton to provide all emergency medical or dental care prescribed by a licensed Physician or Dentist, or other emergency medical personnel, such as fireman, or EMT for my child: _____. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my child.

Parent/Guardian Signature _____ Date _____

PARENT EVALUATION of Child

Describe Your Child's Personality _____

Special Problems/Fears of Child _____

Previous Care for Child _____

Addition Information or comments _____

How did you HEAR ABOUT US? _____ Referred By _____