



Registration Form

Date of Admission _____

Age At Admission _____

Child's Name: _____ Date of Birth: _____

Parent's Name:

Father: _____ Mother: _____

Address: _____ Address: _____

Town: _____ Town: _____

Phone: _____ Phone: _____

Others in Family / Relationship: _____

Business Address:

Mother: Name of Business _____ Phone: _____
Address: _____ Hours At Work _____

Father: Name of Business _____ Phone: _____
Address: _____ Hours At Work: _____

IF PARENTS CANNOT BE CONTACTED, NOTIFY:

Name: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____

Child's Physician / Clinic: _____ Phone: _____

Identifying Information: (Required by Department of EEC)

Eye color _____ Hair Color _____ Sex _____

Height _____ Weight _____ Race _____

Identifying Marks _____

Parent Signature _____ Date: _____

Parent Signature.2nd year _____ Date: _____

Parent Signature.3rd year _____ Date: _____

Parent Signature.4th year _____ Date: _____