Office Use:

\$50 Registration Fee

Immunization Record

Birth Certificate

Physical



Student Information

Name		Home Phone		
Goes by		Address		
Birth Date _				
Gender M	F			
Class:	Preschool PreK (going to	o kindergarten the following year.)		
	½ day Full day			
Need:	Before CareAfter Care _	Both Before and After Care		
Parent Inform	nation			
Mom's Name		Dad's Name		
Cell Phone		Cell Phone		
Work Phone	·	Work Phone		
Home Phone	e	Home Phone		
Email		Email		
Address		Address		
City/State/Zip		City/State/Zip		
Place of Employment		Place of Employment		
Parent's Ma	rital Status: Married Divorce	d		
If divo	orced, who has legal custody? \square Mc	om 🗆 Dad 🗆 🔝		
Child Lives V	Vith			
Church hom				

Emergency Information:	
In an emergency, who can we contact if	legal guardians cannot be reached?
Name	Name
Phone	Phone
Phone	Phone
Pediatrician	Pediatrician Phone
four DPT vaccines, three oral polio vaccines, also recommended that children under the dHEP B (Hepatitis B), DTP- (Diphtheria, Tetanus (Inactivated Polio), MMR- (Measles, Mumps, F	child of 18 months or older should have received at least and vaccines against measles, mumps, and rubella. It is age of five years receive the HIB immunization. Pertussis), HIB-(Haemophilus Influenzae Type B3), IPV-Rubella) are required for enrollment. Topy of immunization Record**
•	eschool and/or New Hope Christian Church Staff to all emergency and first aid care for my child,



Signature of Parent/Guardian ______ Date _____

Help us get to know your child!

ow would you describe	your child's person	ality?	
oes your child have any	/ speech, hearing, c	or visual problems?	
as your child been in ch			
ow does your child inte	ract with other kids?	?	
oes your preschooler ho	ave any siblings?		
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Book Food Game Indoor Activity Outdoor Activity			
nything else you would		ut your child?	

