

**ALDRSGATE PLAYSCHOOL**  
**REGISTRATION FORM and EMERGENCY INFORMATION**

**CHILD'S FULL NAME** \_\_\_\_\_

**CLASS ENROLLING FOR** \_\_\_\_\_ **Child's Birth Date** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Parent's Name(s)** \_\_\_\_\_

**Current Address** \_\_\_\_\_ **zip code** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Father's Employment** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Mother's Employment** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**EMERGENCY CONTACTS;**

Name and phone numbers of other contacts who will usually know your whereabouts or can pick up the child in case the parent cannot be reached.

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**ALLERGY TO FOOD OR MATERIALS** \_\_\_\_\_

**In the event of an emergency all attempts will be made to contact given emergency numbers. If parents cannot be reached and medical treatment seems to be necessary, authorization is given to obtain treatment.**

**Parent Signature** \_\_\_\_\_

**Child's Physician/Phone Number** \_\_\_\_\_

**\*Do you give permission for your child's name, address and phone number to be distributed to classmate parents?(usually for invitations, etc.)** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

**\*From time to time, we take pictures at our special events and post them on our website. These are usually done as groups, never close ups. Do you give permission for us to post your child's pictures on the website (distance pictures only)** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

**When I register my child, I understand that a registration/insurance fee of \$55.00 (\$35.00 for each additional child) will accompany this form. This fee is non-refundable.**

**INDICATE DAYS DESIRED:**    **MON**\_\_\_\_ **TUES**\_\_\_\_ **WED**\_\_\_\_ **THURS**\_\_\_\_ **FRI**\_\_\_\_  
**(more information on other side)**

## FAMILY HISTORY

Other children in the family (at home or away from home).

NAME

AGE

---

---

---

Family Pets (Name and Kind) \_\_\_\_\_

Special Fears of Child \_\_\_\_\_

Favorite Play Materials \_\_\_\_\_

Favorite Activities \_\_\_\_\_

Family church preference \_\_\_\_\_

What expectations do you have for your child at Playschool this year? \_\_\_\_\_

\*\*\*\*\*

## MEDICAL HISTORY

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_  
If yes, what? \_\_\_\_\_
2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_  
If yes, for what reason? \_\_\_\_\_
3. Is the child on any continuous medication? No \_\_\_ Yes \_\_\_  
If yes, what? \_\_\_\_\_
4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_  
If yes, when and what for? \_\_\_\_\_
5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_  
Diabetes No \_\_\_ Yes \_\_\_; Seizures No \_\_\_ Yes \_\_\_; Heart Trouble No \_\_\_ Yes \_\_\_
6. Does the child have any physical disabilities?: No \_\_\_ Yes \_\_\_  
If yes, please describe: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**We require proof of the child's immunization records for our files. Please return a copy of your child's immunization record from your physician within 30 days.**