

Markham Woods Presbyterian Church Preschool Registration Form

Check #: _____
Amount: _____

CHILD

Name	Registration Date	Sex (Circle One) M F
Street Address	First Date of Attendance	Program Selection: 2 yr – T W Th F 3 yr – MWF TTH 4 yr – M T W Th
City/State/Zip Code	Nickname	
Home Phone	Date of Birth	
Physician	Physician's Phone	

Email address: _____ Child Lives With: _____

Name (Mother)	Name(Father)
Street Address, if different from child	Street Address, if different from child
City/State/Zip Code	City/State/Zip Code
Home Phone	Home Phone
Place of Employment	Place of Employment
Occupation	Occupation
Business Phone	Business Phone
Cell Phone	Cell Phone
Please Initial Custody: (Circle Days for Joint Custody)	
Both Parents _____ Mother: MTWTHF _____ Father: MTWTHF _____ Other _____	
Specific Custody Arrangements: _____	

EMERGENCY CONTACTS

Name	Phone	Relationship to Child	***

***A check mark in this column denotes that the person indicated is authorized to take my child from the facility in cases of emergency or when no parent or legal guardian can be located or reached.

Parent's Signature

Date

The following information is requested in order to help us get to know your child better.

Child's Name _____

Primary Language Spoken in the Home _____ Other Language Spoken in the Home _____

Sibling Name(s)	Age

Please indicate if your child has any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Disability | <input type="checkbox"/> Speech Impairments |
| <input type="checkbox"/> Health Concerns | <input type="checkbox"/> Vision Impairments |
| <input type="checkbox"/> Coordination Concerns | <input type="checkbox"/> Hearing Impairments |
| <input type="checkbox"/> Eating / Food Concerns | <input type="checkbox"/> Shyness |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Outgoing Personality |
| <input type="checkbox"/> Medication Allergies | |
| <input type="checkbox"/> Other Allergies | |

We wish to respect the customs and practices of every culture. Please inform us if your family has any special practices that you wish to share with the preschool.

Additional Comments and Information

I, (Printed name of parent or legal guardian) _____, understand that Florida Law requires that I provide to Markham Woods Presbyterian Preschool a current physical examination (Form 3040) and an immunization record (Form 680 or 681) within 30 days of enrollment.

I, (Printed name of parent or legal guardian) _____, Have received a copy of the Child Care Facility brochure, *Know Your Child's Day Care Center*.

I, (printed name of parent or legal guardian) _____, Have been notified in writing of the disciplinary practices used by the childcare facility (this is included in the parent handbook).

I, (printed name of parent or legal guardian) _____, certify that I have legal custody of (Printed name of the child) _____.

Parent's Signature

Date