

Registration and Emergency Information

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Child Last Name	Child First Name	Middle Name	Birth Date	Gender
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Parent/Guardian Name	Home Phone	Work Phone	Cell Phone	Email Address
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Parent/Guardian Name	Home Phone	Work Phone	Cell Phone	Email Address
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Child's Home/Physical Address	Mailing Address	City	State	Zip
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
How parent/guardian can be reached during child's attendance at school: _____				

Do you have any concerns about your child's social skills, development, or speech? (please circle) **Yes No**

If yes, please explain _____

Has your child completed an Early Childhood Screening? (please circle) **Yes No**

Which preschool program are you interested in?

- School Readiness / Preschool** (3-years-olds and children attending for the first year)
- Pre-K** (4-year-olds and children attending for the second year)

Medical Information

Doctor	Dentist
Clinic	Clinic
Address, City, State	Address, City, State
Phone	Phone

Emergency Source of Medical Care

Hospital _____ Address _____ Phone _____

Emergency Contacts (Child may also be picked up and transported by the people listed below)

<hr/>	<hr/>	<hr/>	<hr/>
Name	Physical Address	Phone Number	Cell Phone
<hr/>	<hr/>	<hr/>	<hr/>
Name	Physical Address	Phone Number	Cell Phone

Emergency Medical Care Authorization:

I hereby give permission to the staff of Kelliher Early Childhood to obtain emergency medical care for

_____ in my absence.

Parent Signature _____ **Date** _____