

**Registration and Emergency Information**

Child Last Name	Child First Name	Middle Name	Birth Date	Gender
Parent/Guardian Name	Home Phone	Work Phone	Cell Phone	Email Address
Parent/Guardian Name	Home Phone	Work Phone	Cell Phone	Email Address
Child's Home/Physical Address	Mailing Address	City	State	Zip
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)
- \_\_\_\_\_ **Head Start** (4-year-olds who are income eligible)
- \_\_\_\_\_ **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)

Name	Physical Address	Phone Number	Cell Phone
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** \_\_\_\_\_