

Wee Friends Creative Preschool Registration Form

Child's Name _____ M or F Date of Birth _____

Street Address _____ Home Phone _____

Father's Name _____ Home Phone _____

Address _____

Place of Employment _____ Work Phone _____

Mother's Name _____ Home Phone _____

Address _____

Place of Employment _____ Work Phone _____

Status of Parents: circle all that apply Married Divorced/Separated Both Parents in Home Legal Guardian

Person who can assume responsibility for and are authorized to take the child from school, in case of an emergency, if parents cannot be located. (must provide 2 names).

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name(s) of person(s) **not** authorized to take your child from school: _____

Glencoe Regional Health Services is the source of emergency care unless otherwise stated.

Physician _____ Address _____ Phone _____

Does the child have any allergies: _____

Dentist _____ Address _____ Phone _____

Daycare provider _____ Address _____ Phone _____

Alternate daycare _____ Address _____ Phone _____

Please check which session you would like your child to attend:

_____ 3-year old morning class (Tuesday and Thursday 8:30 a.m. to 11:00 a.m.)

_____ 3-year old afternoon class (Tuesday and Thursday 12:30 p.m. to 3:00 p.m.) If available.

_____ 4-year old morning class (Mon, Wed & Fri 8:30 a.m. to 11:00 a.m.)

_____ 4-year old afternoon class (Mon, Wed & Fri 12:30 p.m. to 3:00 p.m.) If available.

My child is right / left handed. (Please circle one)

Brothers and Sisters: Name _____ Sex _____ Date of birth _____

Name _____ Sex _____ Date of birth _____

Name _____ Sex _____ Date of birth _____

Name _____ Sex _____ Date of birth _____

Special Interests:

Favorite activities _____ Favorite toys _____

Favorite TV shows _____ Favorite Books _____

Favorite Music _____ Favorite Movie _____

Behavior Issues? Health Impairments? Unusual Experience? _____

\$25 registration fee must be paid to hold your child's classroom registration, if payment is not received at this time this form is submitted your child is not enrolled. Please make checks payable to Wee Friends Preschool.

Signature of Parent or Guardian _____ Date _____