

SALEM PRE SCHOOL  
Registration Form

CHILD'S  
NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

ADDRESS : Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

PHONE \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address(if different) \_\_\_\_\_

Father's place of employment \_\_\_\_\_ Phone( ) \_\_\_\_\_

Mother's place of employment \_\_\_\_\_ Phone( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Day Care Person \_\_\_\_\_ Address \_\_\_\_\_

Day Care Phone \_\_\_\_\_ Cell \_\_\_\_\_

Doctor to be called in an emergency \_\_\_\_\_ Phone( ) \_\_\_\_\_

Choice of hospital \_\_\_\_\_

Source of Dental Care \_\_\_\_\_ Phone \_\_\_\_\_

Physical Restrictions \_\_\_\_\_ Allergies? \_\_\_\_\_

Person to be called in an emergency, if you cannot be reached: (Please include these people under "Persons authorized to take your child from school".)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone( ) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone( ) \_\_\_\_\_

Person(s) authorized to take your child from school:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone( ) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone( ) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone( ) \_\_\_\_\_

Is there anyone who may not take your child from school? \_\_\_\_\_  
Other children in the family (name and age)

\_\_\_\_\_

Other adults in home \_\_\_\_\_ Relationship \_\_\_\_\_

Is the child adopted? \_\_\_\_\_ at what age? \_\_\_\_\_ Has he been told? \_\_\_\_\_

Left-handed \_\_\_\_\_ Right handed? \_\_\_\_\_ Favorite play activity \_\_\_\_\_

Social behavior (underline word)    Shy    Friendly    Cautious    Outgoing

What do you expect for your child from his pre school experience? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special vocabulary for special needs? \_\_\_\_\_

Give any other information that might help us understand your child and his needs. \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### FIELD TRIPS:

During the school year our school may take several field trips. You will be notified in advance as to where we will be going, when and how (usually First Student Transportation). we will get there.

Your signature below will indicate that your child has permission to attend the scheduled field trips with Salem Pre School.

Date \_\_\_\_\_ Signature \_\_\_\_\_

#### PHOTOGRAPHS

Salem Pre School has my permission to use pictures that include my child for use in, but not limited to, program slide shows, bulletin board displays, and flyers promoting our pre school.

Date \_\_\_\_\_ Signature \_\_\_\_\_