

Little Angels Preschool
REGISTRATION FORM & EMERGENCY INFO.
2010-2011

Date: _____

Child's Name: _____

Allergies: _____

Date of Birth: _____ Gender: _____

Address: _____

Mother's Name: _____ Address: _____

Phone: (H) _____

(W) _____

Father's Name: _____ Address: _____

Phone: (H) _____

(W) _____

Email: _____

Daycare Provider's Name: _____

Phone: _____

Emergency Contacts: (If parents can not be reached)

1) Name: _____ Phone: _____

Address: _____ Relationship: _____

2) Name: _____ Phone: _____

Address: _____ Relationship: _____

Class: (Please check) Child must be 3 years old by October 1st for the T-TH a.m. class
or 4 years old by October 1st for the M, W, F p.m. class, and 4 years old by September 1st
for M-F pm class.

1:00 p.m. to 3:30 p.m. Mon/Wed/Fri _____

(4-5 year olds)

1:00 p.m. to 3:30 p.m. Mon thru Fri _____

(4-5 year olds)

9:00 a.m. to 11:00 a.m. Tues/Thurs _____

(3-4year olds)

Doctor _____ Address _____ Telephone _____

Hospital _____

Dentist _____ Address _____ Telephone _____

Authorization to treat if unable to reach one of the above:

Health Information/Needs:

Parent/Guardian Signature: _____