

**Madison Avenue Preschool
Registration Form**

Today's Date _____

Child's Name _____ Child's DOB _____

Is your child potty trained? _____ * must be by fall break for 3 year old classes*

Mother's Name _____ Ph #. _____

Employer _____ Ph # _____

Father's Name _____ Ph # _____

Employer _____ Ph # _____

Home Address _____

Email Address _____

Are you a church member, if so, where? _____

List names and phone numbers for those who are authorized to pick up your child.
These people may also be contacted in case of emergency if we cannot reach you.

	Name	Relationship to student	Phone #
1.	_____		
2.	_____		
3.	_____		

Are your child's immunizations up to date? Yes _____ No _____
(copy of immunization record is required, no exemptions allowed)

Child's Physician _____ Phone _____

Please list any known allergies or special health issues _____

In the event that 911 has to be called, we will request the ambulance take your child to Children's Hospital if time allows. If you prefer something different, please let me know.

I hereby authorize emergency medical care for my child.

Parent Signature _____ Date _____