



Preschool Registration Form

Revised 3/14/2017

This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Student & Family Information

Child's Name, Date of Birth, Family/Guardian Name, Home Address, City, State, Zip, Cell Phone, Home Phone, Work Phone, Employer Name, Employer Street Address

Alternate Family Information:

Family/Guardian Name, Family Street Address, City, State, Zip, Employer Name, Employer Street Address

Section II - Authorization for Emergencies

List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:

Name, Street Address, City, State, Zip (two columns)

Please select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

Home, Cell, Work (two columns with Call Order)

List Medical Contacts, In Case Of Emergency:

Physician, Street Address, City, State, Zip, Phone (two columns)

Section III - Child's Health Information

Child's Chronic Medical/Health Needs

Empty box for child's chronic medical/health needs

Child's History of Hospitalization:

Child's Disease History:

[Empty box for Child's History of Hospitalization]

[Empty box for Child's Disease History]

Child's Allergies/Treatment:

Child's Dietary Needs/Restrictions:

[Empty box for Child's Allergies/Treatment]

[Empty box for Child's Dietary Needs/Restrictions]

**NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE**

Child's Medication/s:

[Large empty box for Child's Medication/s]

**Section V - Registration Authorizations**

I authorize the following to be listed on the parent roster: My child's name  Yes  No

Family name  Yes  No

Phone numbers  Yes  No  Cell  Home  Work

Exempt from immunizations because of religious conviction:  Yes  No

Child immunization records attached:  Yes  No

**Annual Class Roster:** Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

Date

[Date box]

Signature of Authorized Family Member/Guardian

[Signature box]