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PRESCHOOL REGISTRATION FORM

Date of Application _____ Date of Admission _____

Name of Child _____
Surname **First** **Middle**

Date of Birth _____/_____/_____ Place of Birth _____ Sex: Male ☐ Female ☐
Day Mth. Yr.

Mother's Name _____ Mother Nationality _____

Home Street Address _____ Email address _____

Home Telephone Number _____ Religion _____

Mother's Employer _____ Mother's Occupation _____

Mother's Work Number _____ Mother's Cell No. _____

Father's Name _____ Father's Nationality _____

Home Street Address_____ Email Address _____

Home Telephone Number _____ Religion _____

Father's Employer _____ Father's Occupation _____

Father's Work Number _____ Father's Cell No. _____

Are Parents living together? Yes ☐ No ☐ Divorced? Yes ☐ No ☐

With whom does the child live? _____ Relationship & Phone No. _____

Does the child suffer from any ailments, allergies, or disabilities? Yes ☐ No ☐

If yes, What? _____

Child's Doctor _____ Clinic _____ Ph. No. _____

In the event of an emergency, if parents cannot be contacted, contact:

_____

Transfer child to which Medical Center _____

Shots taken: 1st DPT _____ OPV _____ Hib _____ Hep B _____
2nd DPT _____ OPV _____ Hib _____ Hep B _____

3rd DPT _____ OPV _____ Hib _____ Hep B _____
MMR _____ Boosters_____ Polio _____ Other _____
_____ _____ _____ _____

Registration fee $_____ (Non-refundable) Date Paid _____

Parent's Signature _____ Date _____

Please Turn Over

MEDICAL HISTORY & OTHER INFORMATION

1. Allergies: (Food or Medicine) Please List and explain:

   _____

   _____

2. Does Cold occur Frequently? _____ **Is your child potty trained**_____
3. Does your child suffer from any of the following: (Yes/No)

   Asthma _____ Anemia _____ Meningitis _____ Hepatitis _____

   Diabètes _____ Sinus _____ Constipation _____ Seizures _____

   Emotional Problems _____ Behavioral Problems _____

   Other _____

   If yes, please explain: _____

   _____

   _____

4. Other Medical Information not listed that you think we should know _____

   _____

5. Names of person(s) authorized to pick up your child: _____

   _____

   _____

   _____

   _____

   _____