



Registration form

I AM INTERESTED IN: _____ 3 YEAR PROGRAM (T/TH)
 am session (9:15-11:45am) OR
 pm session (12:15-2:45pm)
 (Please circle one)

_____ 4 YEAR PROGRAM (M/W/F)
 am session (9:15-11:45am) OR
 pm session (12:15-2:45pm)
 (Please circle one)

Family and Social History

Name of child _____ Date of Birth _____

Nickname of child _____ Male / female (circle) _____

Mother (or Guardian) _____ Father (or Guardian) _____

Address _____

Phone number _____ Cell number(s) _____

Email address _____

Marital status of parents: Married _____

Separated _____ How long? _____ Divorced _____ How long? _____

Please list any Custody or Visitation arrangements: _____

Brothers and Sister of child: _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Mother's employment _____ Phone _____ Hours _____

Father's employment _____ Phone _____ Hours _____

If both parents are away from home during the day, please state arrangements for child's care when they are not at school: _____

Persons authorized to pick up child: (include telephone numbers):
 (Under no circumstance will your child be released to anyone not known to the school without authorization from parent/guardians.) _____

Persons to be called in case of emergency: (Parents will be called first.) _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Health History

What past illnesses has child had and at what age?

Does child have frequent colds?

Tonsillitis?

Ear aches?

Stomach aches?

Vomit easily?

Run high fevers?

Has child had any serious accidents? Explain:

Does child have any allergies?

How does it manifest itself?

Asthma

Hay Fever

Hives

Other

Caused by?

Please list any dietary restrictions:

Please give a statement of child's overall health:

Developmental History

Age at which child:

Named simple objects:

Repeated short sentences

Began toilet training

Is the child left or right handed?

Does the child have any special fears that you are aware of?

Does the child have any speech problems?

Does the child have any other problems that we should be aware of?

What method of behavior control is used in your home?

What is the child's usual reaction?

How would you describe your child's personality?

Has your child had any group play experience?

Where?

What do you hope to have your child gain from their Preschool experience?

Is there any other information about your child that might help us with working with your child?

How did you hear about Go & Grow Preschool?

Parent's signature:

Please include \$50 non-refundable registration fee with this form and mail to:

Go & Grow Preschool
5505 Broadway Street
Lancaster, NY 14086

A Doctor's copy of child's up to date immunizations will also be required by the 1st day of school.

Come Grow with us!

