



# 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?

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Does child have frequent colds?

Tonsillitis?

Ear aches?

Stomach aches?

Vomit easily?

Run high fevers?

Has child had any serious accidents? Explain:

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Does child have any allergies?

How does it manifest itself?

Asthma

Hay Fever

Hives

Other

Caused by?

Please list any dietary restrictions:

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Please give a statement of child's overall health:

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## Developmental History

Age at which child:

Named simple objects:

Repeated short sentences

Began toilet training

Is the child left or right handed?

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

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Does the child have any speech problems?

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

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What method of behavior control is used in your home?

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What is the child's usual reaction?

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How would you describe your child's personality?

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Has your child had any group play experience?

Where?

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

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

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How did you hear about Go & Grow Preschool?

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Parent's signature:

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Please include \$60 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!** 