



Registration form

I am interested in: _____ 3 YEAR PROGRAM (T/TH)
AM SESSION (9:00 - 11:15AM) OR
PM SESSION (12:00 - 2:15PM)
(Please circle one)
_____ 4 YEAR PROGRAM (M/W/F)
AM SESSION (9:00 - 11:30AM) OR
PM SESSION (12:00 - 2:30PM)
(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 _____ City/State/Zip Code _____
Mother cell phone _____ Father cell phone _____
Other phone numbers _____
Email address(es) _____
Marital status of parents: Married / Separated / Divorced / Other _____
Please list any Custody or Visitation Arrangements: _____

Student's Sibling(s):

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 (other than parents) please include phone numbers:
(Under no circumstances will your child be released to anyone not known to the school without authorization from parents/guardians.)

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

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

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Health History

What past illnesses has your child had and at what age? _____

Does your child have frequent cold? _____ Ear Aches? _____

Vomit easily? _____ Run High Fevers? _____

Has your child had any serious accidents or surgeries? Explain: _____

Does your 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 your child's overall health: _____

Developmental History

Age at which your child:

Named simple objects: _____ Repeated short sentences: _____ Began toilet training: _____

Is your child left handed or right handed? _____

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

Does your child have any speech concerns? _____

Does your child have any other problems or concerns that we should be aware of? _____

What method of behavior control is used in your home? _____

What is the child's usually 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 while working with your child? _____

How did you hear about Go & Grow Preschool? _____

Parent's Signature: _____ Date: _____

Please include \$75 non-refundable registration fee with this form and mail to:

Go & Grow Preschool

5505 Broadway St.

Lancaster, NY 14086

office use only: Class: _____ Date received: _____ Registration paid: _____

*****COME GROW WITH US!*****