

ART PLAY REGISTRATION FORM

Child's full name _____

Name child goes by _____

Date of birth _____

Child's home address _____ Phone _____

Please check the box next to the program you would like your child to attend:

MWF a.m. (4 yr. old)

MTW p.m. (4 yr. old)

TU-TH (3 yr. old)

PARENT OR GUARDIAN INFORMATION

Father's name _____ Phone _____ Cell _____

Father's address _____

Father's occupation and place of employment _____

_____ Phone _____

Mother's name _____ Phone _____ Cell _____

Mother's address _____

Mother's occupation and place of employment _____

_____ Phone _____

Email address _____

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

FAMILY INFORMATION

Brothers and/or sisters (please indicate ages and whether they live with the child)

Please list any other persons living with the child and their relationship (if any) to the child

PICK-UP

Persons authorized to pick up your child _____

HOLIDAYS THAT YOUR FAMILY CELEBRATES

Halloween __ Thanksgiving __ Christmas __ Hannukah __ Kwanza __ Valentine’s Day __ St. Patrick’s Day __ Yom Kippur __ Easter __. Passover __ Please check off any that you celebrate. _

PERSONAL HISTORY

Is your child right-handed or left-handed? _____

Has your child had a previous group or preschool experience? _____

If so, when and where? _____

Does your child have any allergies? _____

Are there any medical problems of which we should be aware? _____

What words does your child use for toileting? _____

Does your child have any bowel or bladder irregularities? _____

Are there any special food or eating instructions? _____

Any additional information such as discipline, child’s communication, comforting, and so on? _____

Please check box if you would like to make a donation to the Art Play Scholarship Fund

\$15 \$30 Other

Donations to our scholarship fund can be made with the registration fee-thank you.

ART Play Nursery School respects your concern about privacy and this is of the utmost importance to us. We do not sell, rent, share or otherwise disclose any information provided to us or any other personally identifiable information.

Parent’s signature _____ Date _____