

FLYING HILLS PRESCHOOL
REGISTRATION FORM

CHILD'S NAME _____ Social Security # _____
Date of Birth _____ Age _____ Phone # _____
Address _____ Cell Phone # _____

Allergies _____

Medications _____

DOCTOR'S NAME _____ Phone # _____
Address _____

MOTHER'S NAME _____ Home Phone # _____
Address _____ Cell Phone # _____
Employer _____ Work Phone # _____
Work Address _____
Social Security Number _____

FATHER'S NAME _____ Home Phone # _____
Address _____ Cell Phone # _____
Employer _____ Work Phone # _____
Work Address _____
Social Security Number _____

EMERGENCY CONTACT INFORMATION:

Name _____ Phone # _____
Address _____ Cell Phone # _____
Relationship To Child _____

MY CHILD CAN BE PICKED UP BY THE FOLLOWING PEOPLE:

Name _____ Phone # _____ Cell Phone # _____
Address _____ Relation To Child _____
Name _____ Phone # _____ Cell Phone # _____
Address _____ Relation To Child _____

NO PICKUP!

Names _____

Parent's Signature _____ Date _____

*Enrollment is contingent on available openings. The Director will contact you to confirm your registration.