

4Rs Preschool Registration Form for Year 20__-20__

Child's Name	Nickname	Sex	Birth Date	Office Use Only Handbook _____ Physical Form _____
Address			Home Phone	
City	State	Zip	Birth Certificate Verification State _____ # _____	
List Previous Preschools Attended			Date Enrolled	

Parents/Guardians

Father	Place of Employment	Home Phone
Home Address		Other Phone
Mother	Place of Employment	Home Phone
Home Address		Other Phone
Email Address		
Person(s) or Agency having Legal Custody of Child		
Home Address		Home Phone
Business Address		Other Phone

Emergency Information

Allergies, intolerance to food, medications.etc		
Child's Physician Name	Address	Phone Number
Names of TWO people to contact in case you cannot be reached	Address	Phone Number
1.	Address	Phone Number
2.	Address	Phone Number
Person(s) Authorized to Pick up Child	Person(s) NOT Authorized to Pick up Child	
Chronic Physical/Developmental Information		

AGREEMENTS

1. The Preschool agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the Preschool.
2. The parent/guardian authorized the Preschool to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately. *
3. The State of Virginia requires that you notify the 4Rs staff within 24 hours of your child or any member of your family contracting any reportable communicable disease.

CHILD'S NAME: _____

Please Print

Parent or Guardian

Date

Director of Preschool

Date

* If there is an objection to seeking emergency medical care, a statement should be obtained from the parents or guardian that states their objection and the reason for their objection.