UNIVERSITY CHURCH OF CHRIST MOTHER'S DAY OUT/PRESCHOOL

REGISTRATION FORM

(Please Print)

Date:	Will begin Kindergarten in the fall of (Ex: 2018):

FAMILY INFORMATION

Child's name:	Sex:	❑ M	❑ F	Birthdate: / /
Street address:		Home phone no.: ( )		Cell phone no.: ( )
P.O. box:	City:		State:	ZIP Code:
Email address:				
Father's name:	Employer: Church affiliation:			Employer phone no.: ( )
Mother's name:	Employer: Church affiliation:			Employer phone no.: ( )
Other children in family and ages:	1. 2. 3. 4. 5.			

STUDENT INFORMATION

In order to better know your child, please complete the following information. This will be shared only with the UCC staff so they can meet each child's individual needs.

Does your child receive any type of medication?	❑ Yes	❑ No	If yes, explain:	
Does your child have allergies?	❑ Yes	❑ No	If yes, explain:	
Does your child have any physical, behavioral, hearing, learning, or other problems?	❑ Yes	❑ No	If yes, explain:	
Does your child have any of the following health conditions?	❑ Asthma	❑ Epilepsy/Seizures	❑ Diabetes	❑ Heart condition ❑ Other
Is your child current on his/her immunizations?	❑ Yes	❑ No	Please provide a current copy!	Date received: / /
Does your child take a nap?	❑ Yes	❑ No	If yes: ❑ Morning ❑ Afternoon	
Is your child shy?	❑ Yes	❑ No		
Does he/she participate well in organized activities?	❑ Yes	❑ No	If no, explain:	
Have you left your child often with other people not related to you?	❑ Yes	❑ No		
Is your child toilet trained?	❑ Yes	❑ No		
Is your child left or right handed?	❑ Left	❑ Right	❑ Not sure	

Please list any other information on the back of this form that you feel we should know to help us to understand your child. We strive to make their day with us a pleasant experience. The more we know what to expect, the more quickly we can aid in their adjustment.

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to child:	Home phone no.: ( )	Cell phone no.: ( )
		( )	( )

I certify that I have completed all of the above information and I understand all that I have signed.

Parent/Guardian signature *Date*