

Date Reg. Rec'd _____
Check No. _____
Check Amt. _____
Date Activity Fee Rec'd _____
Check No. _____
Check Amt. _____

**SHEPHERD OF THE HILL CHRISTIAN PRESCHOOL
REGISTRATION FORM**

GENERAL INFORMATION:

Child's Name: _____ Sex: M F

Birthdate: _____ Place of Birth: _____

Parents'/Guardians' Names: _____ Marital Status: _____

Home Address: _____
(Street) (City) (Zip)

Home Telephone: _____ Current Church: _____

E-mail Address: _____

Mother's Work Hours: _____ Address: _____

Mother's Work Telephone: _____ Cell: _____

Father's Work Hours: _____ Address: _____

Father's Work Telephone: _____ Cell: _____

If I do not personally pick up my child from school, I have authorized the following people (including my spouse or non-custodial parent) to do so:

| Name | Relationship to Child | Telephone |
|------|-----------------------|-----------|
| | | |
| | | |

EMERGENCY:

If parents cannot be contacted at the above listed telephone(s) call (this person must live in close proximity to the Center):

Name: _____ Relationship: _____

Address: _____ Telephone: _____

I give my permission for my child to be treated by a physician or emergency medical facility in the event I cannot be reached.

Parent Signature: _____ Date: _____

Family Physician: _____ Telephone: _____

Address: _____

ALLERGIES: Y N If yes, please specify: _____

SPECIFIC: I understand that this is a private, parochial school and religious experiences will be included in daily activities.

Parent Signature: _____ Date: _____

SOCIAL HISTORY:

Child's Name: _____

How many brothers _____ or sisters _____ does your child have?

| Name | Age | Name | Age |
|----------|-----|----------|-----|
| 1. _____ | | 5. _____ | |
| 2. _____ | | 6. _____ | |
| 3. _____ | | 7. _____ | |
| 4. _____ | | 8. _____ | |

Parent(s), do you have a special occupation or hobby which may be shared with our children?

Is this your child's first experience in an organized situation? List other experiences.

Please answer the following to the best of your ability:

1. List physical capabilities which your child has, e.g., bounces ball well.

2. List personality traits, e.g., shy, moody, temper tantrums, etc.

3. Does your child have any special needs?

4. Does your child have any strong likes? _____

Dislikes? _____

5. Does your child have any sleeping problems? _____

6. What does your child call the washroom when needing it? _____

7. Is there anything else you would like us to know about your child that would be helpful to us?

