



# 2011-2012 Jordan Y Preschool Program Registration Form

### For Office Use Only

Staff yes PT FT no  
 MS Subsidy yes \_\_\_\_\_ no  
 Additional Subsidy Needed yes no  
 Approved Amount \_\_\_\_\_  
 Start Date \_\_\_\_\_  
 Paperwork Turned In  
 Medical Form  
 Payment Contract

### Child's Name

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Gender M F Age \_\_\_\_\_

Name Child goes by \_\_\_\_\_

Race \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Parent(s)/Guardian(s) Information *\*Information will be used for accounting questions, emergencies and pick-up verifications*

Parent/Guardian #1 \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ (required)

Home Phone (\_\_\_\_) \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Business Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ (required)

Home Phone (\_\_\_\_) \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Business Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### Health Data/History

Operations or serious injuries (dates): \_\_\_\_\_

Chronic/recurring illness or medical condition: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

**Special Needs:** \_\_\_\_\_

**Child Pick-up Information** Please list additional names and phone numbers of people (minimum of 2) to contact in an emergency and/or names of persons authorized to pick up your child/children. This needs to include yourself, and, if applicable, the child's other parent or legal guardian who is authorized to pick up your child. Anyone picking up your child must be 18 years of age or older and a photo identification is required. Changes to this list must be done in writing and may only be done by the parent/guardian whose signature appears on this registration form.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

