

# Forget-Me-Not Preschool Registration Form

Applying for (please, check one)

Proposed Date of Entrance \_\_\_\_\_

- Five Days \$750
- Four Days \$600
- Three Days \$450
- Two Days \$300

Child's full Name (legal) \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_\_

Child's name (preferred) \_\_\_\_\_ Birth place \_\_\_\_\_

## Parent/Guardian Information

### Mother

### Father

Full name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_

\_\_\_\_\_

Cell phone \_\_\_\_\_

\_\_\_\_\_

Work number \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Education Background/Training

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the nature of your work?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other things do you enjoy doing?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other children in family, names, ages: \_\_\_\_\_

\_\_\_\_\_

**Emergency Information**

Person to contact in case of emergency when parent/guardian cannot be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Student's Developmental and Personal Profile**

Briefly describe the pregnancy and birth of your child:

Natural, cesarean, note any complications, health problems or special conditions

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Was your child breastfed? Yes \_\_\_ No \_\_\_ If yes, how long? \_\_\_\_\_

Did your child crawl? Yes? \_\_\_ No? \_\_\_ If yes, when? \_\_\_\_\_

When did she/ he start walking? \_\_\_\_\_ Talking? \_\_\_\_\_

When did her/ his first tooth come ? \_\_\_\_\_

Is she/ he toilet trained? Yes? \_\_\_ No? \_\_\_ If yes when? \_\_\_\_\_

What do I need to know in terms of helping your child use the bathroom?

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Is your child right or left handed? \_\_\_\_\_

Does your child have any allergies or dietary needs? \_\_\_\_\_

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Is your child vaccinated? Do you follow immunization schedules? \_\_\_\_\_

If not, please explain \_\_\_\_\_

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What is your child's relationship to food/eating? \_\_\_\_\_

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Does your child have any health problems or learning issues of which I should be aware?

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Does your child watch TV or play computer games? Yes?\_\_ No?\_\_ If yes, how many hours per day?\_\_\_\_\_ per week?\_\_\_\_\_

How is your child's sleep life? Does he/she take naps? \_\_\_\_\_

Does your child have any special needs or fears? \_\_\_\_\_

Are there any other languages ordinarily spoken in the home? \_\_\_\_\_

What extracurricular activities does your child do? \_\_\_\_\_

What do you see as your child's special or unique qualities? \_\_\_\_\_

What qualities would you like to see strengthened in your child? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

How does your child relate to adults? \_\_\_\_\_

To other children? \_\_\_\_\_

Has your child suffered any emotional or social trauma (i.e. divorce, family death, or other event(s) Yes?\_\_ No?\_\_ If yes, please explain? \_\_\_\_\_

What are the most important goals of your child's education? \_\_\_\_\_

Anything else you would like to say? \_\_\_\_\_

How did you hear about Forget-Me-Not Preschool? \_\_\_\_\_

Thank you for filling out this application.

I am enclosing my application fee of \$75 (per child), which I understand is non-refundable. I have read Forget-Me-Not Preschool's handbook and accept its terms and conditions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_