

Bo-Peep Preschool
Jamesville Community Church
6300 E. Seneca Turnpike, Jamesville, NY 13078-0277

REGISTRATION FORM

Child's Name: _____ Nickname: _____

Birthdate: _____

Address: _____

Mother's Name: _____ Fathers Name: _____

Place of Employment: _____ Place of Employment: _____

Work or Cell Phone: _____ Work or Cell Phone: _____

Email: _____ Email: _____

Names and ages of other children in family: _____

Particular likes and interests of your child: _____

Problems your child might be experiencing (physical/emotional/speech): _____

Allergies: _____

Is your child subject to nosebleeds? _____

Is your child right or left-handed? _____

Alternative persons to call in case of emergency (name and phone and relationship): _____

Please add any information which you feel will be important to the teacher's understanding of your child. _____

My child has permission to participate in any activities or trips considered appropriate by the preschool staff. I will be notified before each event/trip.

Parent's signature: _____ Date: _____