

TIMBER KIDDIES PRESCHOOL STUDENT REGISTRATION FORM

SUMMER &/OR SCHOOL YR 202_-202_

Child's Full Name _____

Child's Name Used _____

Date of Birth _____ Sex ___ M / F _____

Home Email Address _____

Parent Name _____

Address _____ City _____ Zip _____

Phone _____ Cell Phone _____

Occupation _____ Work Phone _____

Parent Name _____

Address _____ City _____ Zip _____

Phone _____ Cell Phone _____

Occupation _____ Work Phone _____

Child lives with _____ Other people living in your home (and relationship) _____

Siblings Names	Age	Siblings Names	Age

In case of emergency, who should be contacted if you are unavailable?

Name _____ **Phone** _____ **Relationship** _____

Name _____ **Phone** _____ **Relationship** _____

Who will usually drop off and pick up your child: _____

What form of discipline/consequences do you use at home (if apply)

Other type of day care, religious school, or preschool attended: _____

Medical Insurance: _____

Vaccinated(fully) yes___ no___ Vaccinated(partially-list vaccinations) _____ Not Vac _____

Child's Physicians name: _____

Medical Problems, allergies or limitations: _____

Please list any personality characteristics or other information that you feel will enable us to understand your child, i.e. quiet, shy, outgoing, etc. (use back of application, if necessary).

RETURN REGISTRATION FORM ALONG WITH \$25 REGISTRATION FEE(NON-REFUNDABLE OR APPLIES TO MONTHLY FEE) TO: TIMBER KIDDIES PRESCHOOL 129 SE 3RD ST
BEND OR 97702