



CHILD REGISTRATION

Child's Full Name: _____ Birthdate: _____

Address: _____

Gender: Male _____ Female _____

Will your child be attending: Full Time _____ Part Time _____ (3 Days—M T W TH F)

Does your child have allergies: Yes _____ No _____
If yes, what? _____

Does your child have medical conditions: Yes _____ No _____
If yes, what? _____

Does your child take any medications? Yes _____ No _____
If yes, please list medication(s): _____

Authorization for Medical Attention:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____ Phone: _____

Address: _____

Name of Emergency Care Facility: _____

Address: _____ Phone: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature: _____ Date: _____

Please note that you must provide a current copy of your child's immunization records before they can begin school.

Parent/Guardian Information:

Mother's Name

Email

Place of Employment

Phone (cell) (work)

Father's Name

Email

Place of Employment

Phone: (cell) (work)

Emergency Contact: (3 names other than parents/guardians)

Name: _____ Phone: _____

Relationship: _____ Authorized to pick up child: Yes ____ No ____

Name: _____ Phone: _____

Relationship: _____ Authorized to pick up child: Yes ____ No ____

Name: _____ Phone: _____

Relationship: _____ Authorized to pick up child: Yes ____ No ____

I certify that all information provided on this form is true and correct to the best of my knowledge.

Parent Signature: _____ Date: _____

Enrollment Start Date: _____

CF Kids Preschool Shirts are \$10
My child's shirt size is: _____