



REGISTRATION FORM

Date _____

Child's Name _____

Address _____

Telephone _____ **Date of Birth** _____

Father's Name _____ **Mother's Name** _____

Father's Occupation _____ **Name of Firm** _____

Business Phone _____

Mother's Occupation _____ **Name of Firm** _____

Business Phone _____

Names and age of other children in family _____

Name and address of someone to contact in case of emergency
_____ **phone** _____

Note any allergies or special problems _____

Note any dietary requests or restrictions _____

Physician _____ **Phone** _____

Circle your choice of days: Monday Tuesday Wednesday Thursday Friday
Circle your preference: Full day sessions Morning sessions Afternoon sessions
*** Anticipated starting date** _____



Date _____

Providing medication is sent to school with my child, I give written permission for such medication to be administered by teachers and caretakers at Yellow Brick Road at prescribed times.

Parent Signature _____

I give my child _____, permission to leave school grounds for a neighborhood walks to such places of interest as the Highland Park Police Dept., and Fire Stations, Public Library, Post Office, etc., with the class and teachers.

Parent Signature _____

In the event of an emergency, Yellow Brick Road preschool has my permission to obtain immediate medical attention for my child if needed. Please check hospital of your choice:

St. Peters Medical Center _____ Robert Wood Johnson _____ Other _____

Parent Signature _____

I have received the statement "Information to Parents" provided by the State Bureau of Licensing.

Parent Signature _____

I have received the Yellow Brick Road Parent Information and Enrollment agreement. I have read and understand the entire agreement.

Parent Signature _____

Please list below names, address and telephone numbers of people authorized to visit your child at our center or escort them to and from our center. In addition, teachers should receive in writing any changes from the normal routine that morning.

(Use reverse side if needed)

Parent Signature _____