

JACK & JILL COMMUNITY PRESCHOOL

\*\*\*\*\* REGISTRATION FORM \*\*\*\*\*

Class: 3 Yr. Old \_\_\_\_\_ 4 Yr. Old \_\_\_\_\_

Child's full name: \_\_\_\_\_

M \_\_\_ F \_\_\_

Nickname: \_\_\_\_\_

Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

e-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Does the Child live with both parents? \_\_\_\_\_ Marital Status: M \_\_\_ S \_\_\_ D \_\_\_

Who is responsible for payment of tuition? \_\_\_\_\_

\_\_\_\_\_

Is the child with a babysitter during the day? \_\_\_\_\_ If yes, what days? \_\_\_\_\_

Babysitters' Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any other children in the family (Name & Age)

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Other people living in home? \_\_\_\_\_

Group experience (where)? \_\_\_\_\_

Approx. how many hours of sleep per night does your child get? \_\_\_\_\_

Do you have any interests or hobbies that you would be willing to share with the children?

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In case of emergency, when unable to reach a parent, call:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

(Name/Relationship) (Address)

(Phone)

Child's doctor: \_\_\_\_\_

(Name)

(Address)

(Phone)

Allergies or pertinent medical information:

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Are there any specific problems the teacher should be aware of?

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I would like \_\_\_ not like \_\_\_ to be included on the class list that is distributed to the families in my child's class. The list includes my child's name, parents' names, address and phone number and email.

We hereby understand and agree to follow all rules, regulations and requirements as stated on the previous pages of the Jack & Jill Community Preschool registration packet.

Signature:

Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Father: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed registration forms and \$30.00  
registration fee to:

Jack and Jill Community Preschool

2587 Baseline Road

Grand Island, N.Y. 14072-2132

(\*Make all checks payable to "Jack and Jill Community Preschool")

**JACK & JILL COMMUNITY PRESCHOOL**  
**\*\*\*\*\* MEDICAL REPORT \*\*\*\*\***

(To be completed by your child's physician prior to the first day of school and returned to the Parent Leader.)

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_ Yrs. \_\_\_ Mos.

\_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN:**

1) Significant physical findings:

\_\_\_\_\_  
\_\_\_\_\_

Recommended medication(s):

\_\_\_\_\_  
\_\_\_\_\_

2) Recommendations to teacher (Academic):

May student carry a full program?

\_\_\_\_\_

Is he/she restricted on stair travel?

\_\_\_\_\_

Is special seating recommended?

\_\_\_\_\_

3) Recommendations for physical education. Please circle one of the following.

- a. Unlimited activity.
- b. Modified activity when child is Symptomatic, e.g. asthma. \_\_\_\_\_
- c. Restricted, no activity. How long? \_\_\_\_\_
- d. Individual program, if possible. Specific: \_\_\_\_\_

4) Complete the following by giving dates of immunizations or attach a copy of immunization record.

DTaP (3 or more) POLIO

MMR

HIS

HEPS

HEPA

VARICELLA

Rotavirus

Pneumococcal

Is this child completely immunized to date? Yes \_\_\_ No \_\_\_ If no, why not?

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(Physician's Signature)

(Date)

