



REGISTRATION FORM

Child's Name _____ Birth Date _____
Address _____ Zip _____
Sex (please check) Male _____ Female _____ Home Phone _____
Attending (please check) Tuesday _____ Thursday _____
Father's Name _____ Cell Phone _____
Father's Employer _____ Phone _____
Mother's Name _____ Cell Phone _____
Mother's Employer _____ Phone _____
Names of brothers/sisters attending Just Kids Preschool _____
Child's previous group experiences: Preschool _____ Playmates _____ Bible Class _____ Day Care _____
Church preference _____ Members Y _____ N _____
Email Address _____

MEDICAL INFORMATION - RELEASE FORM

Allergy to medications or food: Y _____ N _____ IF YES, Please list _____
Chronic Illness: Y _____ N _____ IF YES, Please explain _____
Immunization dates: DPT ___/___/___ Polio ___/___/___ MMR ___/___/___ Hospital preference _____
Physicians (Please list two choices)
1. _____ Phone _____ 2. _____ Phone _____
Insurance Company _____ Policy Number _____

I, _____ (parent or guardian) do hereby give and authorize permission for emergency treatment for my child, _____ to Just Kids Preschool staff in the event of an emergency in my absence and while under their care.

I also give permission for my child, _____ to go on any field trip during the school year. I will not hold Sunset Church of Christ, Just Kids Preschool, or anyone else connected with this program responsible for any illness or accident that occurs while my child is in their care.

Date _____ Signed _____ Relationship to child _____

FRIENDS OR RELATIVES WE CAN CONTACT IN AN EMERGENCY

Name _____ Phone _____ Relationship to Child _____
Name _____ Phone _____ Relationship to Child _____
Name _____ Phone _____ Relationship to Child _____