



Date: _____

Cubby Preschool Registration

Students Full Name: _____

Birth Date (MM/DD/YY): _____ Sex: M/F

Mailing/Street Address: _____

Parent Information:

Father's Name: _____

Mother's Name: _____

Reachable Number: () _____ - _____

Reachable Number: () _____ - _____

Alternate Number: () _____ - _____

Alternate Number: () _____ - _____

Emergency Contacts:

1. Name: _____

2. Name: _____

Relationship: _____

Relationship: _____

Reachable Number: () _____ - _____

Reachable Number: () _____ - _____

Alternate Number: () _____ - _____

Alternate Number: () _____ - _____

Child's physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

I have read all information and policies set forth by Newport Cubby Preschool and understand all information contained within.

X

(parent signature)

(date)

Others in Household?

Name(s):

Relationship:

_____	_____
_____	_____
_____	_____
_____	_____

Authorized Adults for Pick-Up:

Name(s):

Relationship(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Special Characteristics!:

Favorite Foods: _____

Defining Marks: _____

Nicknames: _____

Languages used around the house: _____

Special Personality Traits: _____

A Few Questions?:

Does your child celebrate holidays?: _____

Is your child currently on any medications?: _____

Allergies?: _____

Does your child have any fears?: _____

Does your child have a favorite toy?: _____

Does your child have favorite songs/nursery rhymes?: _____