

Registration Form

Twin Rivers Tuskawilla Pre-school K 1 2 3 4 5 6 7 8

Circle Program: VPK Only Half Day Full Day Extended: YES NO

If enrolling for the first time, how did you hear about us? Referral Ad Web Site Other

Previous school attended \_\_\_\_\_ May we photograph your child? YES NO

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
No. Street City State Zip code

Parent Name \_\_\_\_\_ SS# \_\_\_\_\_ E-mail \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
No. Street City State Zip code

Business Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent Name \_\_\_\_\_ SS# \_\_\_\_\_ E-mail \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
No. Street City State Zip code

Business Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name and ages of other children \_\_\_\_\_

Child's Physician \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Other persons to be notified in case of illness or accident:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Persons permitted to remove child: Mother \_\_\_ Yes \_\_\_ No Father \_\_\_ Yes \_\_\_ No

Other \_\_\_\_\_

Special medical problem

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_