

St. Bartholomew Preschool Program "The Ark"  
Children's Registration Information for Teacher

<b>Office Use Only</b>	Mother's Day Out Program	18-35 months
	_____ Monday/Wednesday _____ Tuesday/Thursday, _____ Tuesday-Thursday _____ Monday-Thursday	
	Preschool (36months-5 years old)	
	_____ Monday/Wednesday _____ Tuesday/Thursday, _____ Tuesday-Thursday _____ Monday-Thursday	

Please tell us about your child. (Age on Sept. 1, 2010 \_\_\_\_\_)

**We ask you to fill out these forms, so that we may know more about your child. This information is to be used by the teachers and directors working directly with your child. All the information will be kept confidential.**

Child's Full Name \_\_\_\_\_ Called by \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Sex : M F

Birthday \_\_\_\_\_ Right or Left Handed \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email: \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email: \_\_\_\_\_

Who lives with your child: \_\_\_\_\_

**\*In case of emergency the parents will be contacted first.** Please list an additional emergency contact & phone in case we cannot reach the parents. \_\_\_\_\_

\* Can we release personal information to these same people?  YES  NO

Information will not be released to anyone other than parents unless you give permission.

**Please provide NAMES and a copy of the DRIVERS LICENSE for the people approved to pick up your child. We will only release children to those people you have on this list. (Use the back)**

**WE MUST HAVE THEIR DRIVERS LICENSE AS A PHOTO ID ON FILE.**

Names and Ages of other children in the family \_\_\_\_\_  
\_\_\_\_\_

Who cares for your child when you are away? \_\_\_\_\_

Does your child take a nap? \_\_\_\_\_ Is your child potty trained? \_\_\_\_\_

Does your child enjoy playing alone? \_\_\_\_\_

Favorite play materials \_\_\_\_\_ Favorite pastimes? \_\_\_\_\_

Does your child enjoy books? \_\_\_\_\_ Music? \_\_\_\_\_

Playing outside? \_\_\_\_\_ Does your child use a computer? \_\_\_\_\_

What are their favorite games? \_\_\_\_\_

Pets and their names: \_\_\_\_\_

Has your child attended preschool before? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Were there positive or negative experiences that you would like to share? \_\_\_\_\_  
\_\_\_\_\_

What do you hope your child will learn this year? \_\_\_\_\_  
\_\_\_\_\_

Has your child had a hearing or eye test? \_\_\_\_\_ HEARING \_\_\_\_\_ EYES

Is your child afraid of anything that we should know about? \_\_\_\_\_

**DOES YOUR CHILD HAVE SPECIAL NEEDS?** \_\_\_\_\_

Dr. Name, Address - Phone: \_\_\_\_\_

Please list any allergies that your child has \_\_\_\_\_

*On the back please tell us about your child. Are they extremely imaginative, independent, talkative, easily angered, etc? Also, please let us know any special circumstances that may have affected your child.*

- **Are you a member of St. Bartholomew Parish?** \_\_\_\_\_