

Preschool Childcare Registration Form

Preschool Information

Preschool Name: _____

Address: _____

Contact Number: _____

Email Address: _____

Child's Personal Details

Name: _____

Nickname: _____

Date of Birth: _____

Age: _____

Past Experience in Childcare/Preschool: Yes No

Parent/Guardian Contact

Primary Guardian Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Medical and Allergy Details

Allergies: Yes No

If Yes, please specify: _____

Current Medications: _____

Preferred Doctor: _____

Authorized Pickup Persons

Name 1: _____

Contact: _____

Relationship: _____

Name 2: _____

Contact: _____

Relationship: _____

Signature of Parent/Guardian: _____

Date: _____