

**KIDDIE KORNER NURSERY SCHOOL  
REGISTRATION FORM**

Enr. Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Business Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Business Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please provide an email address that I can use to send reminders: \_\_\_\_\_

Local Adult to Contact in Emergency (other than parent):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

CHILD'S HISTORY

Nickname \_\_\_\_\_ Special Interests \_\_\_\_\_

Allergies or Medical Problems \_\_\_\_\_

Special Diet \_\_\_\_\_

List names and ages of siblings \_\_\_\_\_

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I hereby give permission to the staff of Kiddie Korner to contact another physician in an emergency if my family physician is not available. I also give permission for my child to receive emergency medical care if needed.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

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Please rate classes in order of preference: \_\_\_\_\_ TuTh a.m. (9:15 – 11:45)  
\_\_\_\_\_ TuTh extended (9:15 – 1:15)

How did you hear about Kiddie Korner? \_\_\_\_\_