

**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 _____

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)

Please rate classes in order of preference: _____ M-W-F a.m. class (9:15 – 11:45)

_____ M-W-F extended (9:15 – 1:15)

How did you hear about Kiddie Korner? _____