

# Kim's ABC Adventures Preschool Registration Form

Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Any allergies (please list all including food, environment and pet) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of people authorized to pick up your child:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\* Please return this form with your non-refundable deposit by **April 20<sup>th</sup>** to 133 S. House Rock Dr. Cedar City, UT 84720. This fee helps cover the cost of supplies and reserves your child's spot.

# Getting to know your preschooler

List names and ages of preschooler's siblings:

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Does your child have any pets?

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List some of your child's favorite toys, games, books, etc.:

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Please describe your child's personality (i.e. temperament, likes, dislikes, etc.):

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Things your child does well:

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Things you would like to see your child improve on this preschool year:

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Does your child have any medical conditions I should be aware of (if yes, please explain)?

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Please add any additional comments you feel will help me know your child better and contribute to a fun and successful year of preschool.

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