

Registration Form-Grace Preschool-4's 2019-2020

343 Grand Ave., Loves Park, Illinois 61111 Phone: 815-282-6114

Child's Name _____ () Boy () Girl
(First) (Last) (Nickname)

Birthdate: _____ Month / Day / Year

Parents

(Mom) _____ (Dad) _____
(First) (Last) (First) (Last)

Marital Status: () Married () Divorced () Single () Separated

Primary Phone: _____

Mom's Address _____

Dad's Address (if different) _____

Mom's Email _____

Dad's Email _____

Mom's Cell Phone _____

Dad's Cell Phone _____

Employer (Mom) _____

Employer (Dad) _____

Address: _____

(Dad) _____

Work phone _____

Work phone _____

Working hours: _____

Working hours: _____

Physician _____ Preferred Hospital _____

In case your child becomes ill or injured and needs immediate care, and you or your physician cannot be reached, emergency services will be called.

Child release (Only those listed below (other than Mom and Dad) will be allowed to pick up your child.)

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Email _____ Email _____

Related how? _____ Related how? _____

A written permission slip must be sent to the teacher before anyone other than the above can pick up your child

Emergency Contacts:

Name _____ Name _____

Address _____ Address _____

Phone (home) _____ Phone(home) _____

Phone (cell) _____ Phone (cell) _____

(PLEASE COMPLETE BACK OF FORM)

FOR OFFICE USE ONLY

___ Physical Received ___ DCFS Booklet Signed ___ Discipline Booklet Signed ___ Card for Treasurer ___ Birth Certificate

DATE OF PHYSICAL: _____ DATE REGISTERED _____

REGISTRATION FEES: _____

DATE PAYMENT RECEIVED: _____

AMOUNT PAID: _____ CHECK #: _____

DATE ADMITTED: _____ DATE DISMISSED: _____

