

**Mount Vernon Preschool Registration Form**

\_\_\_\_\_ My child will ride the bus (indicate which Mt Vernon daycare) \_\_\_\_\_

\_\_\_\_\_ My Child will be picked up

.....

Child's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Allergies:

Foods: \_\_\_\_\_ Animals: \_\_\_\_\_

Environment: \_\_\_\_\_

Medications: \_\_\_\_\_

Any Other Special Needs: \_\_\_\_\_

Any known fears your child has: \_\_\_\_\_

Any Ethnic/cultural practices we need to be sensitive to: \_\_\_\_\_

.....

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Place/ phone: \_\_\_\_\_ Work Place/Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

.....

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

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

List of People authorized to pick up your child: \_\_\_\_\_