

Peter Pan North ~ Preschool Registration Form ~ 2021/22

Child's Name _____ Birthdate _____ Sex: M ___ F ___

Name by which child is most often called _____

Child's Home Address _____

List the nearest major intersection to your home address _____

City _____ Zip _____ Subdivision _____

Father/Guardian Name		Mother/Guardian Name	
Father's Home Phone		Mother's Home Phone	
Father's Work Phone		Mother's Work Phone	
Father's Cell Phone		Mother's Cell Phone	
Father's E-Mail		Mother's E-Mail	

Family Information

Marital Status of Father: ___ Single ___ Married ___ Divorced ___ Re-Married

Father's address if different from the child _____

Father's Employment _____ Occupation _____

City _____ State _____ Zip _____ Fax _____

Marital Status of Mother: ___ Single ___ Married ___ Divorced ___ Re-Married

Mother's address if different from the child _____

Mother's Employment _____ Occupation _____

City _____ State _____ Zip _____ Fax _____

Please list names of other family members that live with child / include sibling names and birthdates:

Registration Date _____ Please Check Program Day and Time Choice Below:

Three Year Old Program - Little Learners: for children three years old on or before 9-1-21

M, W, & F 8:15 - 11:15 **T & Th** 8:15 - 11:15
 M, W, & F 12:00 - 3:00 **T & Th** 12:00 - 3:00

Four/Five Year Old Program - Pre-K: for children four years old on or before 9-1-21

M, W, & F 8:15 - 11:15 **T & Th** 8:15 - 11:15
 M, W, & F 12:00 - 4:00 **T & Th** 12:00 - 4:00 **M,T,W,T,F** 12:00 - 4:00

Emergency Information

Child's Name _____

List any child allergies _____

Please list emergency contacts below that have permission to pick up your child in the event that neither parent or guardian can be reached. Please list only persons who are also designated to pick your child up. Emergency contacts must be within 1 hour driving distance.

1) Name _____ Relationship _____ Phone _____
Address _____ City _____ Zip _____

2) Name _____ Relationship _____ Phone _____
Address _____ City _____ Zip _____

3) Name _____ Relationship _____ Phone _____
Address _____ City _____ Zip _____

4) Name _____ Relationship _____ Phone _____
Address _____ City _____ Zip _____

Note: You are authorizing persons listed above to pick up your child in the event of an illness or emergency, when we are unable to contact you. They may also pick up your child on any day with your permission.

Persons NOT permitted to pick up your child: _____

Note: Court documentation must be provided for custody issues.

Child's Doctor _____ Phone: _____
Address _____ City _____ Zip _____

Child's Dentist _____ Phone: _____
Address _____ City _____ Zip _____

Preschool or Daycare previously attended:

Name _____ Location _____

Parent Signature _____ Date _____