



Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I: _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents)

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I: _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents)

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I: _____ Last Name: _____

Name child prefers to be called: _____ Grade: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

2nd Child First Name: _____ M.: _____ Last Name: _____

Name child prefers to be called: _____ Grade: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

3rd Child First Name: _____ M.I: _____ Last Name: _____

Name child prefers to be called: _____ Grade: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Address: _____ Cell: _____

Relationship to the Child: _____

Able to pick up all children in the family

2nd Contact/Pick Up Name: _____ Phone: _____

Address: _____ Cell: _____

Relationship to the Child: _____

Able to pick up all children in the family

3rd Contact/Pick Up Name: _____ Phone: _____

Address: _____ Cell: _____

Relationship to the Child: _____

Able to pick up all children in the family

4th Contact/Pick Up Name: _____ Phone: _____

Address: _____ Cell: _____

Relationship to the Child: _____

Able to pick up all children in the family

Tuition / Payment Information:

Current Tuition Amount: _____ Weekly Bi-Monthly Monthly Other _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there is any other information about your child that that would be helpful to our management and teaching staff?

Signature:

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Pumpkin Patch Pre-K, Inc. *admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.*