

# Vaughn Forest Weekday Preschool Registration Form 2007-08 School Year

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age on September 1, 2007 years \_\_\_ months \_\_\_ Male \_\_\_ Female \_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ AL Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ or \_\_\_\_\_

Parent's Name \_\_\_\_\_

Child lives with (check all that apply):

Mother and Father  Mother  Father  Other \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone \_\_\_\_\_

Health Comments

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My Child may be released to:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Parents Signature \_\_\_\_\_

Special requests

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## For Office Use

\_\_ Registration Fee Paid Check # \_\_\_\_\_

\_\_ Supply Fee Paid Check # \_\_\_\_\_

\_\_ First Month's Tuition Paid Check # \_\_\_\_\_