

Southview Day School Registration Form

Contacts and Student Pick Up

(In case parent/guardian can not be reached the following people should be contacted and have permission to pick up child.)

Name _____ Relationship _____ Phone _____

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For the protection of the student, Identification may be asked of person picking up student if not recognized by staff on duty.

Parent/Guardian Signature

Date

Getting to Know Your Child

Does your child have any fears or habits the teachers should be aware of? Please explain. _____

What special interests does your child have? _____

How would you describe your child's behavior? _____

How would you describe your child's appetite? _____

Is your child potty trained or currently training? _____

Please list any additional information you feel we should know about your child. _____

How did you hear about Southview Day School? _____

If a referral, who? _____ Name of church your family attends? _____

Medical Information

Does your child have and allergies? _____

Does your child wear glasses? _____

Does your child have any disabilities or physical challenges? _____

Does your child have any current medical conditions that require medication? _____

Name of current medications? _____

The information listed is accurate according to my child's medical records, and my child is physically and developmentally ready to participate in preschool activities.

Parent/Guardian Signature _____ Date _____