

Southview Day School Registration Form

Student Information

Registration Date _____

Name _____ Date of Birth _____ Male or Female
 First Middle Last Month/Day/Year (Circle One)

Street Address _____ City _____ Zip _____

Other schools child has attended? _____ Time attended _____

Is child living with both parents? _____ (If No, please provide a copy of any court documents proving custody)

Parent/Guardian 1 Information

Marital Status: Married _____ Separated _____ Divorced _____ Single _____ Widowed _____

Name _____ Relationship _____

Mailing Address _____ Home Phone _____

_____ Cell Phone _____

Employer _____ Work Phone _____

Occupation _____ Email Address _____

Parent/Guardian 2 Information

Marital Status: Married _____ Separated _____ Divorced _____ Single _____ Widowed _____

Name _____ Relationship _____

Mailing Address _____ Home Phone _____

_____ Cell Phone _____

Employer _____ Work Phone _____

Occupation _____ Email Address _____

Family Members Living with Student

List any pets: _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

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 _____

Name _____ Relationship _____ Phone _____

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 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 _____