

**BETHANY PRESCHOOL**  
**Registration Form**

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

(or Guardian)

FATHER'S NAME \_\_\_\_\_

(or Guardian)

PARENTS ARE:      \_\_\_\_\_ MARRIED      \_\_\_\_\_ DIVORCED/SEPARATED      \_\_\_\_\_ SINGLE

FATHER'S EMPLOYMENT \_\_\_\_\_ WORK # \_\_\_\_\_

MOTHER'S EMPLOYMENT \_\_\_\_\_ WORK # \_\_\_\_\_

DAD'S EMAIL \_\_\_\_\_ MOM'S EMAIL \_\_\_\_\_

DAD'S CELL \_\_\_\_\_ MOM'S CELL \_\_\_\_\_

BROTHERS AND SISTERS (please list first and last names and ages)

\_\_\_\_\_

\_\_\_\_\_

RELIGIOUS AFFILIATION \_\_\_\_\_

SCHOOL DISTRICT RESIDE IN \_\_\_\_\_

**EMERGENCY INFORMATION**

Please list 3 emergency numbers of persons who would be able to pick up your child if he/she becomes sick during the school session. This is necessary in the event you cannot be reached.

Name of Person	Relationship to Child	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I UNDERSTAND THAT THE \$40.00 REGISTRATION FEE IS NON-REFUNDABLE.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

(OVER)

# TEACHER'S INFORMATION SHEET

CHILD'S FULL NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

RIGHT HANDED OR LEFT HANDED? (Circle one.)

WEARS GLASSES REGULARLY?      YES      NO

ALLERGIES?      YES      NO

Please List \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CURRENT MEDICATIONS?      YES      NO

Please List \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE LIST GROUP ACTIVITIES THAT YOUR CHILD PARTICIPATES IN (such as sports, story time, AWANA, etc.):

\_\_\_\_\_  
 \_\_\_\_\_

HOW DO YOU FEEL YOUR CHILD GETS ALONG WITH OTHERS? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

HOW DOES YOUR CHILD BEHAVE WHEN DISPLEASED OR FRUSTRATED? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

WHAT DISCIPLINARY MEASURES DO YOU USE WITH YOUR CHILD? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

HOW DOES HE/SHE REACT? \_\_\_\_\_

ARE YOU CONCERNED WITH ANY OF THE FOLLOWING?

	YES	NO	EXPLAIN
• Temper Tantrums	_____	_____	_____
• Timidity, Fears	_____	_____	_____
• Nervous Habits	_____	_____	_____
• Elimination Habits (ALL children must be toilet trained.)	_____	_____	_____
• Speech Problems	_____	_____	_____
• Aggressiveness	_____	_____	_____
• Reaction to Authority	_____	_____	_____
• Eating Habits	_____	_____	_____
• Allergies (medication or food)	_____	_____	_____

I AM SENDING MY CHILD TO PRESCHOOL BECAUSE: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

HOW OFTEN DO YOU READ TO YOUR CHILD? (Circle one.)      every day      couple times per week      not often

DOES YOUR CHILD (Please check all that apply):

- |  |                                      |                               |
|--|--------------------------------------|-------------------------------|
| _____ Recite the Alphabet?               | _____ Count to 10 or higher?         | _____ Recognize Basic Shapes? |
| _____ Recognize letters of the Alphabet? | _____ Write letters of the Alphabet? | _____ Recognize Basic Colors? |
| _____ Recognize Words?                   | _____ Write Letters/Numbers/Words?   | _____ Have an IEP*?           |
| _____ Recognize Printed Name?            | _____ Write his/her name?            |                               |

\*Individualized Educational Plan from IU8