

KIDDIE KOLLEGE REGISTRATION 2010-2011

Child's age as of 9/1/2010: _____ e-mail: _____
of days per week: 2 days 3 days 5 days FUMC member: yes no

CHILD INFORMATION

Child's full name: _____
Name called: _____
Date of Birth: _____ Sex: _____
Child's home address: _____
Child's home phone number: _____

PHONE NUMBERS

Mother: home _____ work _____ cell _____
Father: home _____ work _____ cell _____

Persons to be called in the event of emergency:

1) Name: _____ relationship: _____
Home phone: _____ work phone: _____
2) Name: _____ relationship: _____
Home phone: _____ work phone: _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Home phone: _____
Father's Address: _____
Father's work place: _____ Work phone: _____
Mother's Name: _____ Home phone: _____
Mother's Address: _____
Mother's work place: _____ Work phone: _____
Statement or information should be mailed to: _____

FAMILY INFORMATION

Brothers and/or sisters (list ages and whether they live with child):

Any others living with the child and their relationship to the child: _____

CHILD'S PERSONAL HISTORY

Has child had previous group or preschool experience? _____

If so, where and when? _____

Does child have allergies? _____

If so, to what? _____

In the event of an allergy attack, what do you want Kiddie Kollege to do?

Other medical problems of which we should be aware:

What words does child use for toileting? _____

Does child have bowel or bladder irregularities? _____

Describe: _____

Special food or eating instructions:

Child's favorite color: _____

Child's favorite toy: _____

Child's pet's name and kind: _____

Child's favorite food: _____

Please give us any additional information that could improve our communication and relationship with your child (discipline, comforting, etc)

