

Reg. Fee paid \_\_\_\_\_  
Date \_\_\_\_\_  
Received by \_\_\_\_\_

This section to be filled out by Walnut St. Staff ONLY

Walnut Street Church of Christ  
Pre-School/Mother's Day Out Registration Form  
(\$25 Registration Fee must accompany form)

Child's Full Name \_\_\_\_\_ Male/Female (circle one)

Application for: **3, 4, and 5-year-old Pre-School or 2-year-old Mother's Day Out**  
(Please circle one.)

When was your child fully potty-trained? (Approximate date) \_\_\_\_\_

**Your child must be fully potty-trained BEFORE registering for preschool.**  
**If your child becomes fully trained during the summer, you may apply at that time.**

**POTTY TRAINING DOES NOT APPLY TO TWO-YEAR-OLDS IN THE**  
**MOTHER'S DAY OUT PROGRAM.**

The name he/she goes by \_\_\_\_\_

Age as of September 30, 2011 \_\_\_\_\_ Birth date \_\_\_\_\_

Parent's/Guardian's names \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell phone(s) \_\_\_\_\_

E-mail address \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Pediatrician \_\_\_\_\_ Office Phone \_\_\_\_\_

**Emergency Contacts: Please list two people with phone numbers to be contacted if you are unavailable.**

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

Relationship to child \_\_\_\_\_

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

Relationship to child \_\_\_\_\_

Please list any allergies your child has: \_\_\_\_\_  
\_\_\_\_\_

Please list any medications your child is taking: \_\_\_\_\_  
\_\_\_\_\_

Please list those who will be bringing and picking up your child:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

PLEASE SPECIFY IF YOUR CHILD IS NOT TO BE PICKED UP BY CERTAIN INDIVIDUALS. (In order to enforce, we must have a court order and a photo of the individual on file before school begins.) \_\_\_\_\_  
\_\_\_\_\_

Where do you Worship? \_\_\_\_\_

Does your child attend day care? \_\_\_\_\_  
If so, where and what days does he/she attend? \_\_\_\_\_

Please list the names of your children or other family members (nieces, nephews, etc.) who have attended Walnut St. Pre-School and the approximate year(s) they attended. Please list the teacher, if known. \_\_\_\_\_  
\_\_\_\_\_

**I GIVE PERMISSION FOR MY CHILD TO BE TAKEN TO THE DOCTOR BY A TEACHER IN CASE OF EMERGENCY.**

\_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE

**I UNDERSTAND THAT ALL OF THE INFORMATION IN THIS FORM IS CORRECT AND COMPLETE. I ALSO UNDERSTAND THAT IF ANY OF THIS INFORMATION CHANGES AT ANY TIME, I WILL CONTACT EITHER THE DIRECTOR OR MY CHILD'S TEACHER AND MAKE THE NECESSARY CORRECTIONS. I ALSO UNDERSTAND ALL OF THE STATEMENTS MENTIONED IN THIS APPLICATION.**

\_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE

# TELL US ABOUT YOUR CHILD

Child's name \_\_\_\_\_

Age \_\_\_\_\_

\_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Likes \_\_\_\_\_

\_\_\_\_\_

Dislikes \_\_\_\_\_

\_\_\_\_\_

Toileting names \_\_\_\_\_

\_\_\_\_\_

Habits \_\_\_\_\_

\_\_\_\_\_

Particular Fears \_\_\_\_\_

\_\_\_\_\_

How does your child express anger?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you discipline your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immediate family names/relationships:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

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If you have any comments or preferences, please feel free to address them on this page. We will do our best to accommodate your day of week choice.

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