

**ROSS PRE-SCHOOL PLAY GROUP
REGISTRATION FORM**

Child's Name: _____

Birthdate: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian

Mother's Name: _____

Phone: _____ Occupation: _____

Mother's Employer: _____ How Long? _____

Address of Employer: _____

Father's Name: _____

Phone: _____ Occupation: _____

Father's Employer: _____ How Long? _____

Address of Employer: _____

Child's Nearest Relative (other than parent)

Name: _____

Address: _____

Relationship _____ Phone: _____

In Case of Emergency

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

To whom may the child be released to at the end of the school session?

Name: _____

Name: _____

Name: _____

Is there anyone that the child may **NOT** be released to?

Name: _____

MEDICAL HISTORY

Name of Child's pediatrician: _____

Name of hospital: _____

Phone: _____

Does your child have any handicap, speech impediment, allergies or other problems which it may be helpful for us to know about? If so, please explain:

IMMUNIZATION RECORD

DBT	_____	_____	_____	_____	_____
ORAL POLIO	_____	_____	_____	_____	_____
MMR				_____	_____
HEPATITIS B			_____	_____	_____
TB TEST				_____	_____

Birth Certificate # _____

PARENT'S SIGNATURE: _____

MEDICAL CONSENT

In case of an emergency, I give authorization to Ross Pre-School Play Group to consent to any needed emergency medical treatment required for my child.

PARENT'S SIGNATURE: _____ Date: _____