

Program: ( ) Pre-School ( ) Infant ( ) Toddler

Today's Date: \_\_\_\_\_

**'Y @ Parker Stonegate**  
**443 River Road, Highland Park, NJ 08904**  
**PRE-SCHOOL CHILD CARE REGISTRATION FORM**

**Child's Name:** \_\_\_\_\_ **Program Start Date:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ ( ) Male ( ) Female School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Mother's E-Mail: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Father's E-Mail: \_\_\_\_\_

Parent's Marital Status: ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Unmarried

**Custody Schedule** (if applicable): \_\_\_\_\_

If there is a court order restricting visitation/pickup, a copy must be provided, by state law, to the 'Y Business Office.

**Child's Doctor:** \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Contacts:** *Please list persons authorized to pick up child and/or contact in case of emergency if parents can not be reached.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

**Pick Up Authorizations:** *Please list persons, at least 18 years of age, who are authorized to pick up child during the school year.*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**PERSONAL HISTORY**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Name/Ages of other children in the household \_\_\_\_\_

How does the child get along with siblings? \_\_\_\_\_

How does child get along with other children/friends? \_\_\_\_\_

Is your child a picky eater? \_\_\_\_\_

Is this your child's first child care experience? ( ) Yes ( ) No If no, please describe previous experiences: \_\_\_\_\_

What are the child's favorite activities? \_\_\_\_\_

What form of discipline does your child respond to? \_\_\_\_\_

What soothes or calms your child? \_\_\_\_\_

Does your child have any specific fears? Please describe: \_\_\_\_\_

In order for our staff to assure your child a happy, meaningful experience in our preschool program, please share any special needs your child may have (i.e. learning disabilities, allergies, health requirements, etc.)

*As parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, and may participate in all of the Center's program, except as noted above.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_