

Office use:  
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## Euzaa Preschool Registration Form

Child's Full Name\_\_\_\_\_

Date of Birth\_\_\_\_\_ Gender\_\_\_\_\_

Home/Mailing Address\_\_\_\_\_

\_\_\_\_\_ Home Phone #\_\_\_\_\_

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

Father's place of work\_\_\_\_\_ Work #\_\_\_\_\_

Mother's place of work\_\_\_\_\_ Work#\_\_\_\_\_

Is either parent's address different than child's?\_\_\_\_\_

If yes, list other address\_\_\_\_\_

Cell Phone #- Mother\_\_\_\_\_ Father\_\_\_\_\_

Email address\_\_\_\_\_

Persons authorized to pick up my child and phone numbers:

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

**Days Requested (circle one)**

MWF

TTH

M-F (only if available)

Registration fee paid:\_\_\_\_\_

## Euzoa Preschool Student Information

Child's Name \_\_\_\_\_

Siblings names and ages \_\_\_\_\_

Previous Preschool experience (if any) \_\_\_\_\_

What are your child's favorite toys and activities? \_\_\_\_\_

\_\_\_\_\_

What is your child's temperament? (circle all that apply) Friendly, shy, energetic, aggressive, withdrawn, other \_\_\_\_\_

How does he/she get along with other children? \_\_\_\_\_

\_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

Weaknesses? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What angers, upsets, or frustrates your child, and how does he/she react?

\_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

What do you hope your child will gain from his/her preschool experience this year? \_\_\_\_\_

\_\_\_\_\_

Any additional information that will help us in working with your child?

# Euzoa Preschool Emergency Form

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

## Emergency Contacts

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

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

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

In the event of a medical emergency we will always attempt to contact parents or others listed immediately. In the event that we cannot contact you and the emergency warrants immediate response, we will act on your behalf and in the best interest of your child.

I give consent for Euzoa Preschool to obtain all necessary medical care for my child \_\_\_\_\_ Date of Birth \_\_\_\_\_.

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

General health and development history

1. Were there any complications or problems during pregnancy or birth?\_\_\_\_\_

2. Was child's early development (sitting, crawling, walking) generally:  
(circle one) Early Average Late

3. Was child's early language development: Early Average Late

4. Past injuries, accidents, or hospitalizations:  
\_\_\_\_\_

5. Does your child have any allergies? (food, pet, respiratory,  
medicine, other)\_\_\_\_\_

6. Does your child take any long-term medications?\_\_\_\_\_