

**REGISTRATION FOR ENCHANTED GARDEN PRESCHOOL**

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Primary E-mail contact for family \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Other emergency contact** \_\_\_\_\_

Phone \_\_\_\_\_

Child's medical history – illnesses, accidents, allergies \_\_\_\_\_

What else would you like me to know about your child? \_\_\_\_\_

Child's doctor and phone \_\_\_\_\_

Medical Insurance Information \_\_\_\_\_

**Permission for Emergency Medical Treatment:**

I authorize Jacqueline Houston to supervise the provision of emergency medical care for my child..... in the event that I cannot immediately be reached.

Signed:.....

(Please print name).....