

Shadow Hills Preschool and Kindergarten 2023-2024 Registration Card



Child's Full Name _____

Child's Birthdate _____ Gender: Male Female Goes By: _____

Child's Address _____

City _____ State _____ Zip _____

With whom does the child live (do not include stepparents)? Both Parents Mother Father

Does the child live with a stepparent? Yes No (Please note the stepparent information below)

Biological Mother/Legal Guardian (do not include a stepparent):

Last Name _____ First Name _____

Email _____ Cell Phone _____

Employer _____ Occupation _____

Work Phone (____) _____ Mother's Address _____

Biological Father/Legal Guardian (do not include a stepparent):

Last Name _____ First Name _____

Email _____ Cell Phone _____

Employer _____ Occupation _____

Work Phone (____) _____ Father's Address _____

If the child lives with a stepparent, please provide the following information:

Full Name _____ Phone Number _____

Email _____ Days with this stepparent: M T W TH F

Full Name _____ Phone Number _____

Email _____ Days with this stepparent: M T W TH F

*Shadow Hills Preschool is a ministry of Shadow Hills Baptist Church. We are a private Christian preschool, and our mission is to Love God and Love People. Our school exists to teach Biblical foundations to preschoolers and we require the support of both parents of our enrolled students. **Please sign below acknowledging all legal guardians and parents with custodial rights are in agreement about your child enrolling at our school.***

Parent Signature _____ Today's Date _____

Office Use Only	Schedule:	Class Assignment:
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Please list, if any, any specific individual who is NOT allowed to pick your child up from preschool:

Name _____ Relationship _____

Does your child live in multiple households and/or have parents with joint custody? Yes No

If yes, please use the following space to describe custody arrangements and any pertinent information regarding the child's living situation:

Is your most recent court documentation on file at the school? Yes No

AUTHORIZED PICK-UP / EMERGENCY CONTACTS: Authorized escort other than parent(s) who may be called in an emergency and have pick-up permissions.

Name _____ Relationship to Child _____

Email _____ Phone (_____) _____

Name _____ Relationship to Child _____

Email _____ Phone (_____) _____

Name _____ Relationship to Child _____

Email _____ Phone (_____) _____

MEDICAL INFORMATION:

Child's Pediatrician's Name _____ Doctor Phone (_____) _____

Practice Name _____ Preferred Hospital (in case of emergency) _____

List names and dates of any contagious diseases or *medical diagnoses* child has had, any health problems such as *allergies* (including seasonal) or *special accommodations* that may affect your child's care: _____

List any medications taken on a regular basis _____

List any dietary restrictions _____

List any special needs or concerns _____

Is your child in any kind of therapy? (speech, occupational, etc.) Please explain:
