

WESTWOOD PRESCHOOL REGISTRATION

**8007 W. Maple
Wichita, KS. 67209
722-1213**

Date _____

Child's Name _____ Middle Initial _____ Nickname _____

Birth date ____ / ____ / ____ Home Address _____ City _____

Zip _____ Phone _____ Cell Phone _____ E-mail _____

Father's Name _____ Place of Employment _____ Business Phone _____

Mother's Name _____ Place of Employment _____ Business Phone _____

In case of emergency when unable to reach a parent, please contact:

Name _____ Relationship _____ Phone _____

The following person(s) are authorized to bring or pick up your child from school.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child lives with ____ Father ____ Mother ____ Both Parents

Other children in the family (Names and Ages):

Other people living in the home: _____

Please list any previous group experience for your child: _____

Child's Doctor _____ Phone _____ Last checkup date _____

Does your child have any of the following: (yes / no, please explain if yes)

Serious or chronic illness _____

Operations or allergies _____

Dietary restrictions _____

Speech concerns _____

Vision or hearing problem _____

Toileting difficulty _____

Fears or concerns _____

What playthings does your child enjoy the most? _____

What pleases you most in your child's development? _____

Do you have any concerns about your child's development? _____

What do you hope your child will gain from the preschool experience? _____

Does your child have the opportunity to play with other children? _____

Please provide information, which might help the teachers understand your child better.

Parent's Signature