## **Open Door Preschool Registration Form**

		2-day AM (Th. & Fri., 9-11:30) ons (please list)	
2. Child's Name:		Sex: M F	
First	Middle	Last	
Preferred Nickname (if any)		Birthdate:/	
3. Parents' Names:			
*If divorced,	the law requires that a copy of the cu	stody record be on file at ODNS	
Home Address:			
Home Phone:	Cell/Pager:		
4. Father's/Mother's Addre			
Home Address:			
Home Phone:	Cell/Pager:		
E-mail Address(es):			
5. Father's Occupation:			
Work Address:			
Work Phone:	Cell/Pager:		
6. Mother's Occupation:			
Work Address:			
WOLK FILORIC.	C61	Cell/Pager:	
7. Daytime Babysitter:		Phone:	
	u cannot be reached at pick-up	contact in an emergency, an injury time. These people must live or	
Name	Local Address	Phone	
Name	Local Address	Phone	

## PLEASE FILL OUT BOTH SIDES OF THIS FORM

<sup>\*</sup>If someone other than your usual driver is to pick-up your child we must be informed by writing or a phone call. (Please include their name & phone number in your message.)

Name(s)		
	es: In the event of an emergency where in doctor. If you have a doctor of preferen	1
Local (Northfield) fan	nily doctor:	
Name Local (Northfield) fan	Address nily dentist:	Phone
Name	Address	Phone
11. List any other child	dren and adults living at home (name, age	es, & relationship):
-	ave neighborhood playmates?	
<b>13.</b> What are their age	s in relation to your child's age?	
<b>14.</b> List any dietary of	medical needs:	
15. In what way(s) we growth and developme	ould you like this nursery school experienent?	ce to contribute to your child's
-	ass lists, may we release your child's nan	
=	en in your child's class? This class list mets for carpools or play dates.	ay prove useful for parents as
•	ng else you think might be helpful for us culties your child may have.)	to know about your child.
I give my permission	for staff at ODP to act in the event of a	n emergency.