

Registration Form



The Auburn Preschool

Program Selection: 2yr T/TH ½ day 3yr M/W/F ½ day

85.00 registration fee per student

Office Use: RF BC IM
Entrance date _____ Exit date _____

Name _____ Male Female

Street Address _____ City _____ Zip _____

Date of Birth _____ Child lives with: Mother Father both parents other

Names and ages of siblings _____

Parent 1/Legal Guardian's Name _____

Address _____ City _____ Zip _____

Home Telephone _____ Cell Phone _____

Email Address _____

Place of employment _____ Work Phone _____

Parent 2/Legal Guardian's Name _____

Address _____ City _____ Zip _____

Home Telephone _____ Cell Phone _____

Email Address _____

Place of employment _____

Please Send Billing Information to: _____

Address _____

City _____ State _____ Zip _____

Emergency Contact (other than parents):

Name _____ Relationship to child _____

Contact Telephone _____ Alternate Telephone _____

Permission to Pick Up

Names of all those authorized by you to remove your child from The Auburn Preschool:

Health Information

Physician _____ Telephone _____

Hospital Preference _____

Insurance Name _____ Policy Number _____

Dentist _____ Telephone _____

In the event of an emergency, and I am unable to be reached, I give permission for medical personal to secure and administer treatment, including hospitalization and emergency transportation for my child. I also give permission for the release of records necessary for insurance purposes.

Signature of parent or legal guardian

Please list allergies or health concerns and limitations:

Please describe your child's personality, interests, strengths and concerns:

The Auburn Preschool may use images of my child for publicity including social media.

Yes No School use only

The Auburn Preschool has permission to publish our contact information in a classroom directory to be shared with other parents. Yes No



Signature of Parent or Legal Guardian