

Office of Early Learning and School Readiness

Preschool Registration Form

Revised 3/14/2017

Please complete both pages of form

This form meets Ohio Administrative Code. Programs may use this form or build their own.

Child's Name			Date of Birth Please select 1, 2 or 3 to set call order of phone number used to reach you:		
Family/Guardian Name					
Home Address			Cell Phone		Call Order
City	State	Zip	Home Phone		Call Order
Employer Name			Work Phone		Call Order
Employer Street Address			City	State	Zip
Altamata Family Info	a 4 i a .a .		Please select 1, 2 or 3 to set call order of phone number used to reach you:		
Alternate Family Infor Family/Guardian Name	mation:		Cell Phone	·	Call Order
Family Street Address			Home Phone		Call Order
City	State	Zip			Call Order
Employer Name		·			
Employer Street Address			City	State	Zip
Street Address City	State	Zip	Street Address City	State	Zip
	Please s		er of phone number used to reac	h emergency contact:	0.110.1
Home		Call Order	Home		Call Order
Cell Work		Call Order Call Order	Cell Work		Call Order Call Order
Physician Street Address		List Medical Con	ntacts, In Case Of Emerge Dentist Street Address	ency:	
City	State	Zip	City	State	Zip
Phone			Phone		
Section III - Chi Child's Chronic Medical/l					

Child's History of Hospitalization:	Child's Disease History:
Child's Allergies/Treatment:	Child's Dietary Needs/Restrictions:
NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH II Child's Medication/s:	MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE
Section V - Registration Authorizations I authorize the following to be listed on the parent roster: My child's nan Family name Phone numbe Exempt from immunizations because of religious conviction:	Yes No Cell Home Work Yes No
Child immunization records attached: Date Signature of Authorized Family Member/Guardian	Yes No