

**Parent/Guardian Information**

Registration Date: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Children's Information**

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Who lives at home with your child? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Are there any cultural/religious practices we should be aware of? \_\_\_\_\_

Please list two or three words to describe your child's personality... \_\_\_\_\_

What are your child's likes? \_\_\_\_\_

What are your child's dislikes? \_\_\_\_\_

Please list any existing medical conditions, allergies, medication, and/or special attention your child may require... \_\_\_\_\_

Has your child been enrolled in another licensed child care facility in the past 3 months?  Yes  No

If yes, then whom were you previously enrolled? \_\_\_\_\_

Photographs: May we take and maintain photos of your child for The Premier School publications?  Yes  No

**2<sup>nd</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Who lives at home with your child? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Are there any cultural/religious practices we should be aware of? \_\_\_\_\_

Please list two or three words to describe your child's personality... \_\_\_\_\_

What are your child's likes? \_\_\_\_\_

What are your child's dislikes? \_\_\_\_\_

Please list any existing medical conditions, allergies, medication, and/or special attention your child may require...  
\_\_\_\_\_

Has your child been enrolled in another licensed child care facility in the past 3 months?  Yes  No

If yes, then whom were you previously enrolled? \_\_\_\_\_

Photographs: May we take and maintain photos of your child for The Premier School publications?  Yes  No

**3rd Child** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Who lives at home with your child? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Are there any cultural/religious practices we should be aware of? \_\_\_\_\_

Please list two or three words to describe your child's personality... \_\_\_\_\_

What are your child's likes? \_\_\_\_\_

What are your child's dislikes? \_\_\_\_\_

Please list any existing medical conditions, allergies, medication, and/or special attention your child may require...  
\_\_\_\_\_

Has your child been enrolled in another licensed child care facility in the past 3 months?  Yes  No

If yes, then whom were you previously enrolled? \_\_\_\_\_

Photographs: May we take and maintain photos of your child for The Premier School publications?  Yes  No

**4th Child** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Who lives at home with your child? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Are there any cultural/religious practices we should be aware of? \_\_\_\_\_

Please list two or three words to describe your child's personality... \_\_\_\_\_

What are your child's likes? \_\_\_\_\_

What are your child's dislikes? \_\_\_\_\_

Please list any existing medical conditions, allergies, medication, and/or special attention your child may require...  
\_\_\_\_\_

Has your child been enrolled in another licensed child care facility in the past 3 months?  Yes  No

If yes, then whom were you previously enrolled? \_\_\_\_\_

Photographs: May we take and maintain photos of your child for The Premier School publications?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**4<sup>th</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_

**Additional Comments & Information:**

Is there is any other information that that would be helpful to our management and teaching staff?

\_\_\_\_\_

\_\_\_\_\_

**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You!**  
**The Premier School Of Pickerington LLC.**