

**Early Childhood Education Preschool Lab at Eastern View High School**  
**Registration Form**

School Year Wishing to Enroll In: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Preferred name to be called by if different from above: \_\_\_\_\_

Age: \_\_\_\_\_ (as of September 30<sup>th</sup> of the year you wish to enroll)

Birth date: \_\_\_\_\_

Mother's Name:

Father's Name:

\_\_\_\_\_

\_\_\_\_\_

OR Guardian's Name: (if applicable)

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Email address (if applicable): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Person(s) to notify (by order of importance) in case of an emergency or sickness:

1. \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Name) (Relationship)

2. \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Name) (Relationship)

3. \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Name) (Relationship)

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies and/or other specific health concerns:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following person(s) ARE authorized to pick up my child (they will be required to show identification). Please give name, address, and phone number for each person.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The following person(s) are NOT authorized to pick up my child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of an accident, I give the nurses at Eastern View High School, teacher, or CPR & First Aid certified student to administer first aid.

\_\_\_ Yes  
\_\_\_ No

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date Received