



Registration Form

Please circle your selection:

Preschool (3-4 yrs. old)

Tuesday & Thursday
8:45 - 11:45 a.m.

Pre-K (4-5 yrs. old)

Monday, Wednesday, Friday
8:45 - 11:45a.m.

Student Name: _____

Name Preferred (nickname): _____

Date of Birth: _____ Male / Female

Home Address: _____

Mailing Address: _____

Parent / Guardian Name: _____

Email: _____ Cell # _____

Employer & Phone: _____

Parent / Guardian Name: _____

Email: _____ Cell # _____

Employer & Phone: _____

Emergency Contact Name (other than listed above): _____

Relation and Phone #: _____

Church attending: _____

Health Information

Student Name: _____

Birthdate: _____ Male / Female

Does your child have any known allergies: _____

If yes, what:

Does your child have an Epi-pen for allergies: _____

Is your child allergic to bee stings: _____

Does your child have any known vision problems: _____

Does your child have any known hearing problems: _____

Does your child use an inhaler: _____ How often: _____

Any medications your child takes regularly: _____

Are there any recurrent medical problems or illnesses for us to be aware of: _____

Does your child have any restrictions for activities: _____

Please list any additional information that may be helpful for staff, including behavior or known learning challenges: _____



Release Form

Student Name: _____

Parent / Guardian Names: _____

Address: _____

Home Phone # _____ Work # _____

Cell Phone # _____

The following people are authorized to pick up my child from school. I understand that no one else will be allowed to pick up my child without written authorization. Anyone picking up my child is required to provide photo ID. _____

(Parent Signature)

1. _____

Relationship _____ Phone _____

2. _____

Relationship _____ Phone _____

3. _____

Relationship _____ Phone _____

4. _____

Relationship _____ Phone _____

5. _____

Relationship _____ Phone _____



Consent for Release of Student Photographs

Throughout the year, we will take pictures of children during class and field trips to be used for our website and advertising, including on social media. Names will not be included. Please indicate below whether you give Pathways Preschool permission to use photos of your child for advertising purposes.

_____ I DO give permission for Pathways Preschool to use photos of my child for purposes of advertising.

_____ I DO NOT give permission for Pathways Preschool to use photos of my child for purposed of advertising.

Student Name

Parent Signature

Date