



STARGATE MONTESSORI

11782 HWY 44 East,
Mt. Washington, KY 40047
Phone: (502) 504-3528

REGISTRATION FORM

Child's Full Name:			
Child's first name:			
Date of Birth:		Sex:	
Child's home address:			
Father's Name:			
Father's Phone Nos:			
Father's Occupation/ Place of Employment			
Mother's Name:			
Mother's Phone Nos:			
Mother's Occupation / Place of Employment:			
Family Information : Please list any siblings –			
Name	Brother / Sister	Age	School /Other
Pick Up (Please list all persons authorized to pick up your child)			
Name	Relationship	Phone No.	Work

Personal History

Has your child any special care needs? (If yes, Please explain)

Does your Child have any Allergies? (If yes, Please list)

Are there any Medical Issues the teachers/care takers need to be aware of? (If yes, please explain)

Are there any special food/eating instructions we should know about? (if yes, please explain)

What words does your child use for toileting?

Are there any special instructions we need regarding to your child's rest time?

What other information would you like to share regarding your child's communication skills, discipline, etc., / anything else you would like us to know about your child?

I ACKNOWLEDGE THAT ALL INFORMATION PROVIDED BY ME IN THIS REGISTRATION FORM IS CORRECT AND WILL BE HELD IN THE RECORDS OF THIS PRESCHOOL / DAYCARE CENTRE FOR REFERENCE IN THE FUTURE IF REQUIRED FOR ANY RELEVANT PURPOSE OR DISCORD THAT MAY ARISE.

Parent's Signature:

Parent's Name:

Date: