

BUTTERHILL DAY SCHOOL REGISTRATION FORM

CHILD'S NAME _____

NICKNAME _____

HOME ADDRESS _____

TELEPHONE NUMBER (____) _____

BEEPER NUMBER (____) _____

CHILD'S BIRTHDAY ____/____/____

MOTHER'S NAME _____ FATHER'S NAME _____

OCCUPATION _____ OCCUPATION _____

BUSINESS NUMBER (____) _____ BUSINESS NUMBER (____) _____

BROTHERS AND SISTERS NAMES AND AGES:

CHILD'S PREVIOUS EXPERIENCE IN CHILD CARE OR NURSERY SCHOOL

DID YOU VISIT AND COMPARE OTHER CHILD CARE CENTERS BEFORE
DECIDING ON OUR CENTER? _____

WHY DID YOU CHOOSE OUR CENTER OVER OTHERS? _____

IF SOMEONE RECOMMENDED OUR CENTER TO YOU, PLEASE GIVE THE
PERSON'S NAME: _____

NAME OF CHILD _____ DATE OF BIRTH ___/___/___

DOES YOUR CHILD HAVE ANY MEDICAL OR EMOTIONAL PROBLEMS WHICH WE SHOULD KNOW ABOUT ? _____

DOES YOUR CHILD HAVE ANY FEARS WE SHOULD KNOW ABOUT?

DATE OF LAST PHYSICAL ___/___/___

DATE OF LAST DPT SHOT ___/___/___

HAS YOUR CHILD HAD ANY SURGERY? _____

HAS YOUR CHILD HAD ANY BROKEN BONES ? _____

DOES YOUR CHILD HAVE ANY SPEECH: HEARING OR VISUAL PROBLEMS?

DOES YOU CHILD HAVE ANY ALLERGIES ? _____

IS YOUR CHILD RIGHT OR LEFT HANDED ? _____

DOES YOUR CHILD CELEBRATE CHRISTMAS OR CHANUKA? _____

HOW DO YOU COMFORT YOUR CHILD WHEN THEY ARE HURT OR UPSET?
