

# ABIDING BRANCHES COOPERATIVE PRESCHOOL REGISTRATION

*St. Joseph's Church, 171 Elm Street • 651-214-3288*

*Living Waters Church, 865 Birch Street • 612-598-7284*

MWF Pre-K

TTh AM

TTh PM

TTh AM

MWF AM

MWF Pre-K

9:30-12:00

9:30-11:45

12:30-2:45

9:30-11:45

9:30-11:45

12:30-3:30

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
Please write the name you prefer your child to be called at school month/day/year

Address \_\_\_\_\_  
Street City Zip

Home Phone Number \_\_\_\_\_  
(Area Code)

PARENTS' NAMES \_\_\_\_\_

Home address \_\_\_\_\_

Home phone # \_\_\_\_\_

Occupation \_\_\_\_\_

Work address (city only) \_\_\_\_\_

Work phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

The following people, **other than his/her parents**, are authorized to pick up my child from preschool (Carpool, Neighbor, etc.):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY INFORMATION

**EMERGENCY CONTACTS** (if parents cannot be reached, these are the people we will try to contact in an emergency)

(1) \_\_\_\_\_  
Name Relationship to Child

\_\_\_\_\_ Address  
Phone Number

(2) \_\_\_\_\_  
Name Relationship to Child

\_\_\_\_\_ Address  
Phone Number

**PHYSICIAN** \_\_\_\_\_  
Name Address phone

**DENTIST** \_\_\_\_\_  
Name Address phone

**ALLERGIES** \_\_\_\_\_

**HEALTH INSURANCE COVERAGE REQUIRED FOR TREATMENT IN AN EMERGENCY:**

Name of Insured \_\_\_\_\_

Health Insurance Policy Number \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Health Insurance Provider Phone Number \_\_\_\_\_

**AUTHORIZED INDIVIDUALS** (Names of individuals authorized by family to have access to health information about child)

\_\_\_\_\_

**INSTRUCTIONS FOR ANY OF THE CHILD'S SPECIAL HEALTH NEEDS** (allergies, asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes)

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\_\_\_\_\_