



For school year 20__-20__

North City Cooperative Preschool Registration Form

Class (circle one) EX BO NO RS SH Today's Date_____

Child's Name_____ Date of Birth_____

Address_____ Phone_____

Mother or Guardian_____ Father or Guardian_____

Who will be the primary adult participating in class?_____

Work Phone_____ Work Phone_____

Cell phone_____ Cell phone_____

E-mail_____ E-mail_____

Occupation/skills_____ Occupation/skills_____

In case of emergency, if unable to contact either parent, call
Name_____

Phone_____

CPR Card (exp. date)_____
First Aid (exp. date)_____

Child's doctor_____ Child's Dentist_____

Doctor's phone_____ Dentist's phone_____

Hospital_____ Allergies_____

Medications_____ Fears/Concerns_____

Names and ages of any sisters and brothers_____

How did you hear about NCCP?_____

In the event of a medical emergency, I hereby authorize an NCCP member or the teacher to obtain medical treatment for my child. I understand that reasonable attempts will be made to reach me and secure direct permission first. Treatment shall be such as deemed necessary by a licensed physician for the stabilization of my child, including, but not limited to, medications, blood transfusions, diagnostic tests and emergency surgery. My primary physician or designate may authorize such care in my absence.

Signature_____ Date_____

I hereby give permission for my child _____ to be driven to and from any NCCP excursions or special events.

Signature_____ Date_____