



Akron Parents' Association

Nursery School Inc.

www.apanurseryschool.com

Registration Form

Please Circle One

2's 3's 4's
Class Class Class

Child's Name: _____ Nickname: _____

Child's Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Address: _____

Phone: _____ Email: _____

In case of divorce or separation, who is primary caregiver? _____

Father's Place of Employment _____ Phone: _____

Mother's Place of Employment _____ Phone: _____

Vehicle's License Plate Numbers (for security purposes) Mom: _____ Dad: _____

Names and ages of siblings: _____

Has your child had any of the following diseases:

Chicken Pox _____ Diphtheria _____ Polio _____ Whooping Cough _____
Asthma _____ Measles _____ Pneumonia _____ Mumps _____
German Measles _____ Seizures _____

What does your child say when he/she has to go to the bathroom? _____

Does your child have any nervous habits? If yes, what? _____

How does your child react to a new situation? _____

Has your child ever wandered away from a group or home? _____

Does your child have any allergies? If yes, what and necessary treatment? (attach separate sheet is necessary)

Does your child receive any special education or support services? (SLP/OT/PT) _____

Name and phone number of child's daytime provider in case of sickness or school/emergency closings:

Name: _____ Phone: _____

Alternate emergency contact if parent cannot be reached:

Name: _____ Phone: _____

Due to insurance regulations we are required to ask the following: Has either parent ever been convicted of a sexual offense? _____

Signature

Date