

Joyful Alameda Preschool

Lic#013423682

Registration Form

Child's Name:		Child's D.O.B:	
Parents: Married (<input type="checkbox"/>) Separated (<input type="checkbox"/>) Divorced(<input type="checkbox"/>) Single(<input type="checkbox"/>)			
Child lives with: Both parents(<input type="checkbox"/>) Mother (<input type="checkbox"/>) Father (<input type="checkbox"/>) Other _____			
Person responsible for Paying For Childcare:			
Name:		Parent#1:	
Phone:		Cell:	
Email:		Address:	
city:	State:	Zip:	
Name:		Parent#2:	
Phone:		Cell:	
Email:	Address:		
city:	State:	Zip:	
Emergency Contact		Name:	
Phone:		Cell:	
Email:	Address:		
City:	State:	Zip:	
Doctor's Name:		Cell:	
Phone:		Preferred Hospital:	
Date of last checkup:			
Signed:		Date:	

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