

# The Preschool at West End

401 N Parham Road, Richmond, VA 23229

## REGISTRATION FORM

Classes Offered - Please indicate your choice:

- \_\_\_\_\_ 5 Day PreK Class  
\_\_\_\_\_ 3 Day PreK Class (Tuesday, Wednesday, Thursday)  
\_\_\_\_\_ 5 Day 3-year-old Class  
\_\_\_\_\_ 3 Day 3-year-old Class (Monday, Wednesday, Friday)  
\_\_\_\_\_ 2 Day 3-year-old Class (Tuesday, Thursday)  
\_\_\_\_\_ 2 Day 2-year-old Class (Tuesday, Thursday)

_____	_____	_____	_____
Child's Name	Nickname	Sex	Birth Date
_____	_____	_____	_____
Address		Zip	Home Phone
_____	_____	_____	_____
Father/Guardian	Where Employed		Work Phone
_____	_____	_____	_____
Father/Guardian's Address			Home Phone
_____	_____	_____	_____
Mother/Guardian	Where Employed		Work Phone
_____	_____	_____	_____
Mother/Guardian's Address			Home Phone
_____	_____	_____	_____
Emergency Contact (Other than parent)	Address		Phone
_____	_____	_____	_____
Emergency Contact (Other than parent)	Address		Phone

Names and phone numbers of people authorized to pick up your child:

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_
3. \_\_\_\_\_ Phone: \_\_\_\_\_

Name of people NOT authorized to pick up your child (Appropriate copies of paperwork such as divorce decree, etc. must be attached)

1. \_\_\_\_\_ Phone: \_\_\_\_\_

If child attends this preschool and another school/day care, give name, address, and phone:

\_\_\_\_\_

Child's Physician: \_\_\_\_\_

Allergies or intolerance to foods, medications, etc. Please list and describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_