



Green Spring  
Presbyterian Preschool

# GSPP Registration Form

## For School Use Only

Program \_\_\_\_\_ Registration Fee \_\_\_\_\_  
Date Registration Received \_\_\_\_\_ Birth Certificate Copy \_\_\_\_\_  
Current Vaccination Record \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Birthdate: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home # \_\_\_\_\_ Primary Cell # \_\_\_\_\_ Secondary Cell # \_\_\_\_\_

Primary Work # \_\_\_\_\_ Primary Email \_\_\_\_\_

Emergency Contact Person, other than parent/guardian: \_\_\_\_\_

Relation to child \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Are vaccinations up to date? \_\_\_\_\_ Is your child on any medications: \_\_\_\_\_

Medical/Physical needs and/or Allergies: \_\_\_\_\_

Persons other than parent/guardian allowed to pick up child from GSPP:

1. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

If someone other than the persons listed above will be picking up child, please send written permission stating the name and relationship of that individual.

Is anyone **NOT ALLOWED** to pick up child from GSPP (Name/Relation): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**New Registrants** – Please include a copy of child's birth certificate and current vaccination record.

**All Registrants** – \$50 Registration Fee must accompany this application for enrollment.

Child's Name \_\_\_\_\_

Parent/Guardian occupation:

Father/Guardian: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Other family members living in the home (siblings, grandparents, etc.)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Other family members living in the community (grandparents, aunts, uncles, etc.)

Name: \_\_\_\_\_

\_\_\_\_\_

Are there any special concerns regarding custody of your child? \_\_\_\_\_

Has your child had any previous preschool or play group experience? \_\_\_\_\_ If yes, please list name of school, location, program enrolled, and length of attendance \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ Does your child take a nap? \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

Please list any foods your child may not or cannot eat? (Due to allergies, religious customs, etc.) \_\_\_\_\_

List any pets (type and name) \_\_\_\_\_

What does your child like to do? (read books, play with dolls, build with blocks, etc.)

Does your child have any fears? (dogs, spiders, darkness, etc.)

Is your child generally: Cooperative? \_\_\_\_\_ Shy? \_\_\_\_\_ Competitive? \_\_\_\_\_ Aggressive? \_\_\_\_\_

Sensitive? \_\_\_\_\_ Submissive? \_\_\_\_\_ Angry? \_\_\_\_\_ Happy? \_\_\_\_\_

Usually does what is asked of him/her? \_\_\_\_\_ Seldom does what is asked of him/her? \_\_\_\_\_