



Akron Parents' Association

Nursery School Inc.

[www.apanurseryschool.com](http://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

