Pioneer Child Care and Preschool
Registration Form

Pupil Name	☐ M ☐ F	D.O.B.	School ☐ PES ☐ FES
Residence Address	City, State, Zip		Phone
Mailing Address	City, State, Zip		Phone

Siblings

Name:_____ DOB:_____ Name:_____DOB:_____

Name:_____ DOB:_____ Name:_____DOB:_____

List all allergies:_____

Any health/physical/medical problems?_____

Does your child wear glasses? ☐ No ☐ Yes Hearing Aide? ☐ No ☐ Yes Orthopedic Appliance? ☐ No ☐ Yes

Will your child need to take medication at school? ☐ No ☐ Yes Name of Medication: _____

Does your child have any physical or religious reason which would prevent him/her from participating in school activities?

☐ No ☐ Yes Please explain:_____

Has your child been successfully toilet trained? ☐ No ☐ Yes

Parent/Guardian Information

Parent/Guardian			Living in home ☐ No ☐ Yes
Address if different from student		Relationship to child	
Home Phone	Work Phone	Cell Phone	Email

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Address if different from student		Relationship to child	
Home Phone	Work Phone	Cell Phone	Email

Contact Name			Relationship
Address if different from student		Occupation	
Home Phone	Work Phone	Cell Phone	

Contact Name		Relationship
Home Phone	Work Phone	Cell Phone
Contact Name		Relationship
Home Phone	Work Phone	Cell Phone

If one or both parents are not in the home, is there a restraining order or court document against the non-custodial parent(s)?
Yes ☐ No ☐ If yes, which parent/guardian? _____

I declare under penalty of perjury under the laws of the state of California that the information I have given is true and correct.

Parent/Guardian _____ Date _____

Immunization(s)/Other documents pending:	Notes: