

L'école des Petits Playschool

REGISTRATION FORM 2026-2027

FOR OFFICE USE ONLY

Date Received

Registration Fee Received

Consent Forms Complete

Please circle your preference:

2 DAY	AM	PM
3 DAY	AM	PM
4 DAYS	PM Only	
5 DAYS	AM Only	

Child's Name:	Child's Gender	Birthdate (MM/DD/YY)	Phone number:
Address:	City:	Postal Code:	
Email address:			
PARENT #1 Name:	Work Phone:	Cell Phone:	
PARENT #2 Name:	Work Phone:	Cell Phone:	

Emergency Contact other than parents

(Must be available during playschool hours. **Full address needed**)

#1 – Name:	Home Phone:	Work Phone:	Cell Phone:
Address:	City:		

Childcare provider (if applicable):	Phone number:
Doctors Name:	Phone number:

Are all immunizations up to date? Circle YES or NO

Allergies and Medical Conditions

(please indicate reactions, symptoms and list any medications taken on a regular basis and/or in an emergency).

Authorized person(s) to whom child may be released (besides mother and father).

I hereby certify the information given is correct, I have read the Parent Handbook, and I will notify L'ecole des PetitsPlayschool of any changes.

Parent/Guardian Signature

Date

***Please fill in additional **Medical Record Form**.....if your child has medication for allergies, health issues, etc. This allows L'ecole des Petits Playschool employees to administer medication when necessary and for general knowledge of medical issue. We also use this form for all field trips or off-site programming.