

FPNS REGISTRATION FORM

NAME OF CHILD _____ NICKNAME _____

ADDRESS _____ ZIP _____

TELEPHONE _____ DATE OF BIRTH _____

CELL PHONE _____ EMAIL _____

NAMES AND DATES OF BIRTH OF BROTHERS AND SISTERS

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

SPECIAL CIRCUMSTANCES OF WHICH THE SCHOOL SHOULD BE AWARE? (Adoption, Grandparents living in Home, etc.)

ANY ALLERGIES, SERIOUS ILLNESSES, SURGERY, INJURIES, ETC.

NAME OF KINDERGARTEN IN YOUR AREA _____

PREVIOUS SCHOOL ATTENDED _____

NAME OF CHURCH ATTENDING _____

OTHER CHILDREN IN FAMILY ATTENDING OR PREVIOUSLY ATTENDING FPNS (NAMES & YEARS ATTENDED)

PHYSICIAN'S NAME _____ TELEPHONE _____

PHYSICIAN'S ADDRESS _____

IN CASE OF EMERGENCY, IF PARENTS CANNOT BE REACHED: LIST TWO:

NAME _____ TELEPHONE _____

NAME _____ TELEPHONE _____

SESSION PREFERRED:

- | | |
|---------------------------------|--|
| MONDAY/WEDNESDAY (3's) _____ AM | MONDAY/WEDNESDAY/FRIDAY (4's) _____ AM |
| TUESDAY/THURSDAY (3's) _____ AM | MONDAY/WEDNESDAY/FRIDAY (4's) _____ PM |
| TUESDAY/THURSDAY (3's) _____ PM | TUESDAY/THURSDAY/FRIDAY (4's) _____ AM |
| FOCUS ON FIVE _____ | |

MY CHILD _____ HAS MY PERMISSION TO GO ON SHORT EXCURSIONS AWAY FROM SCHOOL WITH HIS/HER CLASS.

Date

Signature of Parent/Guardian