

Registration Form / Sept. 2011

Rowan Tree Preschool

Child's Name: _____	Date of Birth: _____
Parent's Name _____	
Address: _____	
Home Phone Number: _____	Business Phone: _____

Emergency Contact: _____ Phone: _____

Medical Information:

Child's Doctor: _____ Phone: _____

Child's Health Card # _____

Any Allergies: _____

Foods disliked: _____

Major fears (e.g. dogs): _____

Any Medications: _____

Other comments or special needs:

Do you give permission for photos to be taken of your child/children and used in classroom photo displays and newsletters to parents? _____

Do you give permission for Rowan Tree staff to take your child for nature walks to nearby parks and on prearranged field trips to local destinations such as the Ecology Park? _____

Parent/Guardian's
Signature _____