

BRYAN PARKS AND RECREATION  
PRE-SCHOOL  
REGISTRATION FORM

Please choose which class  
you are registering your  
child in:  
3-4 year old: AM\_\_\_ PM\_\_\_  
4-5 year old: AM\_\_\_ PM\_\_\_

Child's Full name\_\_\_\_\_

Name Child goes by\_\_\_\_\_

Date of Birth\_\_\_\_\_

Child's home address\_\_\_\_\_

\_\_\_\_\_

Child's Contact telephone number\_\_\_\_\_

PARENT OR GUARDIAN INFORMATION

Father's name\_\_\_\_\_

Father's address\_\_\_\_\_

Father's telephone number\_\_\_\_\_

Email Address \_\_\_\_\_

Father's place of employment\_\_\_\_\_

Father's employment telephone number\_\_\_\_\_

Mother's name\_\_\_\_\_

Mother's address\_\_\_\_\_

Mother's telephone number\_\_\_\_\_

Mother's place of employment\_\_\_\_\_

Mother's employment telephone number\_\_\_\_\_

Email Address \_\_\_\_\_

PERSONAL HISTORY

Is child right-handed or left-handed? \_\_\_\_\_

Has child had a previous group or pre-school experience? \_\_\_\_\_

If so, where? \_\_\_\_\_

Does child have any allergies? \_\_\_\_\_

Are there any medical conditions which we should be aware of?  
\_\_\_\_\_

Are there any speech, fine motor, or large motor delays which we should be aware of \_\_\_\_\_

Does child have any fears that you are aware of?

FAMILY INFORMATION

Names of brothers and or sisters (please indicate age and whether they live with the child). \_\_\_\_\_

PICK UP

Name and telephone number of person(s) authorized to pick up child.  
\_\_\_\_\_  
\_\_\_\_\_

GENERAL INFORMATION

Describe child's attitude about attending pre-school.

Any Additional information, such as discipline, child's communication, etc.?