

Ready Set Grow Preschool

REGISTRATION FORM 2026-2027

FOR OFFICE USE ONLY

Date Received
Registration Fee Received
Consent Forms Complete

Please circle your preference:

2 DAY	AM	
3 DAY	AM	
5 Days	AM Only	
Artisans	Mon/Wed	Tues/Thurs

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).

Please note that for the safety of all children, allergies will be disclosed to the parents of your child's classmates.

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 Ready, Set, Grow Preschool 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 Ready, Set, Grow Preschool 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.