

**FOX**  
**LEARNING CENTER**  
**REGISTRATION**

Child's Name \_\_\_\_\_ Child's Nickname (if any) \_\_\_\_\_

Address \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Mom's /Cell Phone # \_\_\_\_\_ Dad's/Cell Phone \_\_\_\_\_

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

**Circle Days and Session Preferred: Monday, Tuesday, Wednesday, Thursday, Friday**

**Half Day ( up to 4 hours)** arriving at \_\_\_\_\_ pick up at \_\_\_\_\_

**Full Day (more than 4 hours)** arriving at \_\_\_\_\_ AM; pick up at \_\_\_\_\_ PM

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name & Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name & Phone # \_\_\_\_\_

Sisters, Brothers, and Ages \_\_\_\_\_

Names and Relationship of other people living in the home \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Are parents divorced? Separated? When? \_\_\_\_\_ Living together? \_\_\_\_\_

If divorced, what are the visitation arrangements? \_\_\_\_\_

Is there a stepparent? \_\_\_\_\_ Name \_\_\_\_\_

Is the child adopted? At what age? \_\_\_\_\_ What has the child been told? \_\_\_\_\_

Hobbies: Mother \_\_\_\_\_ Father \_\_\_\_\_

Is any language other than English spoken at home? \_\_\_\_\_

Pets in the home? Kind and Names? \_\_\_\_\_

Name of previous preschool \_\_\_\_\_ When? \_\_\_\_\_

Name of Child's Physician, Phone # \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ Why and When? \_\_\_\_\_  
Any food restrictions? \_\_\_\_\_ Any allergies? \_\_\_\_\_

Left or Right Handed? \_\_\_\_\_ Any medications taken regularly? \_\_\_\_\_

Any speech problems? \_\_\_\_\_ Physical disabilities? \_\_\_\_\_

Does your child nap? When & How Long? \_\_\_\_\_ Will child nap at school after lunch? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

How does your child express frustration? \_\_\_\_\_

Temper tantrums? \_\_\_\_\_ How do you react to them? \_\_\_\_\_

How does your child react to new situations and people? Shy Aggressive Cry Outgoing Be specific.  
\_\_\_\_\_

What method of behavior control do you use at home?  
\_\_\_\_\_

Is there anything we should know in order to help your child adjust to school? Explain.  
\_\_\_\_\_

Has your child spent time away from parents? How frequently? With whom?  
\_\_\_\_\_

What quality(s) would you most like to see your child develop this year?  
\_\_\_\_\_

Would you be willing to help by: (check any)

speaking to classes about job, hobby, special talent? Explain \_\_\_\_\_

helping with special class projects during class time?

hosting a field trip to business or home?

any other way? Explain \_\_\_\_\_

Are you qualified and willing to be a paid substitute teacher or aide? \_\_\_\_\_

**Emergency Numbers** - able to pick up child if we are unable to reach you.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**I give permission for my child to go on any planned field trips outside the school building after receiving advance notification of the destination and to receive emergency medical treatment if no parent or other emergency contact can be reached.**

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**FOX LEARNING CENTER**  
**"We make learning fun" 1329 Route 38, Hainesport, NJ 08036, phone (609) 261 – 2252**  
**Foxlearning@aol.com**