

Head Start Registration Form

Child's Name: _____
First Last

Date of Birth: _____ Year he/she will start school: _____

Parent's/Guardian' Name: _____

Address: _____
Street Postal Code

Phone Number Where you can be reached at: _____

Additional Phone Number: _____

E-mail address: _____

Days you wish your child to attend:

Monday & Tuesday

Thursday & Friday

I wish my child to attend the following Sessions: Fall Winter Spring

Any Concerns and/or thoughts:

Allergies:

Dietary Restrictions:

Emergency Contact:

Name: _____
First
Last

Relationship: _____

Phone No.: _____
Home
Work
Cell

People Allowed To Pick Up Child

Name

Relationship

I give permission for my child to go on trips and outings with the program staff and to engage in activities outside of the building.

Yes No

I give permission for my child to receive medical attention and *be transported by ambulance*, if required in the case of an emergency.

Yes No

Parent/Guardian Signature
Date