



# Emmaus Moravian Preschool Registration 2024/2025 School Year

Today's date \_\_\_\_\_

Child's full name \_\_\_\_\_

Child's nickname \_\_\_\_\_ Child's gender \_\_\_\_\_

Child's birth date \_\_\_\_\_

**Does your child have a medical condition, diagnosis and/or allergies that we should be aware of?**

\_\_\_\_\_  
\_\_\_\_\_

Mother's name and phone # \_\_\_\_\_

Father's name and phone # \_\_\_\_\_

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

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

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

Child resides with \_\_\_\_\_

Siblings & Ages \_\_\_\_\_

\_\_\_\_\_  
Pets/Likes/Dislikes \_\_\_\_\_

**If parents are unavailable, please contact the following people:**

Emergency contact #1 (name, relationship to child) \_\_\_\_\_

Emergency contact #1 phone \_\_\_\_\_

Emergency contact #2 (name, relationship to child) \_\_\_\_\_

Emergency contact #2 phone \_\_\_\_\_

**If anyone else is allowed to pick up your child, please list information** *(use back of sheet if needed)*

\_\_\_\_\_  
\_\_\_\_\_

**\*Please initial for permission to take photos for school use** \_\_\_\_\_

*(use back of sheet if needed or attachment if more space is needed for any answers to above questions)*