Cherry Blossom School

Family Registration Form

Registration Date: _____

Child Information

1st Child			
Last Name	First Name	M.I.	Nickname

Age	[ ] Male [ ] Female [ ] Prefer not to specify	Birth Date	Birth City/State City: State:

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address

Language: Is your family language Japanese? Please describe your child's language.   [ ] Yes   [ ] No

Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone		Cell Phone
Occupation	Employer	Work Address	Work Hours

2nd Primary Guardian			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone		Cell Phone
Occupation	Employer	Work Address	Work Hours

Which Guardian Should be Called First?	Home Phone	Preferred language for written communication:

Home Resident Street Address	Apt #	City	Zip Code
Mailing Address (if different than above)	Apt #	City	Zip Code

Emergency Contacts and Authorized Pickups

1st Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	[ ] Able to pick up all children in the family [ ] Not able to pick up the following children: _____
2nd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	[ ] Able to pick up all children in the family [ ] Not able to pick up the following children: _____
3rd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	[ ] Able to pick up all children in the family [ ] Not able to pick up the following children: _____

Additional Comments and Information
Is there is any other information that that would be helpful to our management and teaching staff?

_____

_____

_____

_____

The first day of child care will be _____
                                                    Date

First choice of care begin at _____ and end at _____, M__ T__ W__ Th__ F__
                                       Time   Time

Second choice of care begin at _____ and end at _____, M__ T__ W__ Th__ F__
                                          Time   Time

Care will include the following meals and snacks (circle)   Morning Snacks   /   Afternoon Snacks

Signature

_____   _____   _____
Parent / Guardian Signature   Parent / Guardian Name Print   Date

_____   _____   _____
Parent / Guardian Signature   Parent / Guardian Name Print   Date