



PARVULI DEI

Registration form

For ages 2, 3, and 4 and parent

Child's name _____ AGE _____ date of birth _____

Father's Name _____ cell phone _____

Mother's Name _____ cell phone _____

Other phone numbers? _____

Address _____

E-mail address you check regularly in case we need to contact you

Which adult will attend with child? (Mom, Dad, Grandparent, babysitter)

Please list any information about your child that will help us better serve him/her.

Please list any medical conditions that we should be aware of, including allergies.