



PARVULI DEI

Registration form
For ages 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 to receive e-mails

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.
