

**EAST ROCHESTER UPK
REGISTRATION / PARENT INPUT FORM**

Child's Legal Name: _____

Date of Birth: _____

Address: _____

Parent's Name: _____

Home Phone: _____ Work Phone: _____

Parent's place of employment: _____

Father's Name: _____

Home phone: _____ Work phone: _____

Father's place of employment: _____

Child resides with: _____

Custodial concerns (if any): _____

Emergency contact: _____ phone: _____

Medications: _____

Allergies: _____

Things he/she enjoys most: _____

What you would like from Pre-school: _____

Comments/parental concerns: _____

Please circle preference: Morning Session Afternoon Session