



THE VINE PRESCHOOL CHILD REGISTRATION FORM, PART II

Child's Full Name	Date of Birth	Date of Enrollment
Mother's Full Name	Cell Phone #	Email Address
Father's Full Name	Cell Phone #	Email Address
Emergency Contact # 1	Cell Phone #	Email Address
Emergency Contact #2	Cell Phone #	Email Address

I acknowledge that I have received, read and will adhere to the policies and procedures outlined in The Vine Preschool Parent Handbook.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_