



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 _____

Annual Review of the Child Registration Form Part 1 & 2

Starting one year after your child's start date, these registration forms must be reviewed annually. Please sign and date below indicating that the form is current or has been updated accordingly.

1. _____

2. _____

3. _____

4. _____