

**Norfolk State University
Preschool Academy
Child Registration Form 2021-2022**

Child's Name	Nick Name	Date of Birth	Sex
Address		Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Early Care Programs and Schools Attended			
If Child Attends This Center and Another School/Program, Give Name of School/Program		Grade	

PARENT(S)/GUARDIAN(S)

Father	Place Employed	Business Phone
Home Address		Home Phone/Cell Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone/ Cell Phone
Person(s) or Agency Having Legal Custody of Child (Name and Social Security Number)		
Name:		
Home Address		Home Phone
Business Address		Business Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to take in an Emergency.		
Child's Physician:	Phone	
Two Local Contacts If Parent(s) Cannot Be Reached	Full Address with city, state and zip code required! (Must be different address than child's home)	Phone number required!
1.		
2.		
Person(s) Authorized to Pick Up Child		
Person(s) NOT Authorized to Pick Up Child*		

**Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up child.*

