

Foothill Preschool Student Registration



Child's Name (Last, Middle, First):

Age and Date Birth:

Father's Name (Last, Middle, First):

Mother's Name (Last, Middle, First):

Child's Primary Home Address:

Home Phone Number: _____

Child's Second Address (If Applicable):

Child's Other Phone Number (If Applicable):

Father's Work Number, Cell Number and email:

Mother's Work Number, Cell Number and email:

Is your child potty trained? YES NO

What are your child's likes?

What are your child's dislikes?

What would you like your child to experience and learn at preschool?

What is your philosophy in raising your child?

What type of relationship would you like to have with your child's teachers at Foothill Preschool?

How do you discipline your child at home?

Is there any other information you would like to share?
