



WHITE OAK SCHOOL

And Day Care Center, Inc.
2112 W. White Oak Street
Arlington Heights, Illinois 60005
Phone: 847-439-0202
www.whiteoakschool.biz

WHITE OAK SCHOOL AND DAY CARE CENTER

REGISTRATION FORM

Date Child Entered _____

Child's full name _____

Name child goes by _____

Date of birth _____ Sex _____

Child's home address _____

Child's home phone number _____

Days child will attend _____

Hours of attendance _____

PARENT OR GUARDIAN INFORMATION

Father's name _____ Phone _____

Father's address _____

Father's occupation and place of employment _____

_____ Phone _____

Mother's name _____ Phone _____

Mother's address _____

Mother's occupation and place of employment _____

_____ Phone _____

Marital Status of Parents: Married _____ Separated _____ Divorced _____

Custody/visiting arrangements: _____

FAMILY INFORMATION

Brothers and/or sisters (please indicate ages and whether they live with the child)

Please list any other persons living with the child and their relationship to the child

PERSONAL HISTORY

Does child live in a house or apartment?_____

Does child have their own room or share? If shared, with whom?

How much responsibility is expected of child in caring for playthings?_____

Does your child have any other responsibilities?_____

Is child right-handed or left-handed?_____

Has child had a previous group or preschool experience?_____

If so, where and when?_____

Does child have any allergies?_____

Are there any medical problems of which we should be aware?_____

What words does child use for toileting?_____

Does child have any bowel or bladder irregularities?_____

Are there any special food or eating instructions?_____

Are there any sleeping or napping instructions?_____

Any additional information such as discipline, child's communication, comforting, and so on?_____
