

OPEN DOOR PRESCHOOL REGISTRATION FORM 2024-2025

Child's Name:			Sex: Male Female
	Middle	Last	
Preferred Nickname (if any)		Bir	rthdate://
Languages spoken in the home			
Parent/Guardian Names:			
Marital Status:			
*If divorced, the law require	es that a copy of the	custody record be on	file at ODP
Home Address:			
Phone(s):			
E-mail Address(es):			
Father's/Mother's Address: (if	f different from above)	
Home Address:			
Phone:			
E-mail Address(es):			
Father's Occupation:			
Employer:			
Mother's Occupation:			
Employer:			
Are you, parents/guardians, inte	erested in sharing info	ormation about your o	ccupation, hobbies,
experiences, or religious or cult	· ·	· ·	YES NO
If yes, what are you interested in	n sharing about?		
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Daytime Caregiver:		Phone:	

Emergency Contacts

Please list **TWO** <u>local</u> <u>friends</u>, neighbors and/or relatives to contact in an emergency, an injury requiring medication or if you cannot be reached at pick-up time. These people must live or work within the Northfield School District.

Name	Local Address	Phone
Name	Local Address	Phone
	han your usual driver is to pick-up your child ir name & phone number in your e-mail, text	
Are there any peop	ele who MAY NOT remove your child from so	hool? If yes, please name:
	: In the event of an emergency where immedoctor. If you have a doctor of preference, ple	•
Local (Northfield) I	Family Doctor:	
Name	Address	Phone
Local (Northfield) I	Family Dentist:	
Name	Address	Phone
List any allergy, die	tary or medical needs:	
List any other child	ren and adults living at home (name, ages, &	k relationship):
Does your child ha	ve neighborhood playmates?	
What are their ages	s in relation to your child's age?	

In what way(s) would you like this preschool experience to contribute to your child's growth and development?
To complete the class lists, may we release your child's name, address and phone number to parents of other children in your child's class? This class list may prove useful for parents as they make arrangements for carpools or play dates. YES NO
How do you help your child regulate their emotions at home?
Please note anything else you think might be helpful for us to know about your child. (i.e., fears, habits, difficulties your child may have, etc.)
What are your child's favorite healthy snacks?
I give my permission for staff at ODP to act in the event of an emergency.
Parent signature: Date://