



Red Barn Learning Center

Preschool Registration

Form 2011-2012

For Office Use Only
Reg _____
First _____
Last _____

26431 NE Stephens St. / 15520 Main St. NE/ PO Box 1344 Duvall, WA 98019
#425 844-9010 ~ #425 844-8608 ~ redbarnlearningcenter.com

Date _____
Program _____

Child's Name _____

Nickname _____

Child's Birth Date _____

Code Word _____

Home Address _____

City / State / Zip _____

Mother's Name _____

Home Number _____

Cell Number _____

Work Number _____

Father's Name _____

Cell Number _____

Address if Different _____

Work Number _____

Mother Email Address _____

Father Email Address _____

Siblings

Child's Name _____ Date of Birth _____ Enrolled () Yes () No

Child's Name _____ Date of Birth _____ Enrolled () Yes () No

Emergency Contact Info Other than Parents:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Medical Information

Doctor's Name _____ Phone # _____

Date of Last Shots _____ Preferred Hospital _____

Dentist's Name _____ Phone # _____

Does your child have any special issues we should be aware of (i.e. Custody, Fears, Special Needs, Allergies ?)

Why do you want your child in a preschool setting? _____

Where did you hear about Red Barn Preschool and Play Barn? _____