



# Veatrice Victoria Reid School

6005 David Street Columbia, South Carolina 29203  
Telephone 803-735-9570 Fax: 803-754-0245

Office Use Only

Date Rec'd \_\_\_\_\_ Check # \_\_\_\_\_  
Cash \_\_\_\_\_ Amount \_\_\_\_\_  
Registration Agreement \_\_\_\_\_ Acceptance \_\_\_\_\_  
Summer Applicant \_\_\_\_\_ Fall Applicant \_\_\_\_\_ Year: \_\_\_\_\_  
Acceptance \_\_\_\_\_ Paid \_\_\_\_\_ Date \_\_\_\_\_  
Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_  
Notification Sent \_\_\_\_\_ Start Date \_\_\_\_\_

## Summer School Registration Form

\_\_\_\_\_ **Boy / Girl**  
**Child's Name** Last First Middle

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Class desired (Check One): \_\_\_ Infant: 6 wks – 1 yr \_\_\_ Toddler: 1-3yrs \_\_\_ Pre-Kindergarten: 3-4 yrs.

Elementary: \_\_\_ Kindergarten-5 \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup>

Name of Last School Attended: \_\_\_\_\_

\_\_\_\_\_ **Mother's Name** (Last) (First) (Middle)

\_\_\_\_\_ Address City State Zip Home Phone

\_\_\_\_\_ Occupation Employer Work Phone Cell Phone/Pager

\_\_\_\_\_ **Father's Name** (Last) (First) (Middle)

\_\_\_\_\_ Address (if different) City State Zip Home Phone

\_\_\_\_\_ Occupation Employer Work Phone Cell Phone/Pager

PARENT/GUARDIAN STATUS: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

WHO HAS CUSTODIAL RIGHTS: Both \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

\_\_\_\_\_ Name of Guardian (if applicable) Address-City State/Zip Home Phone Cell Phone

E-mail address \_\_\_\_\_

Comment on eating habits/ **food allergies** \_\_\_\_\_

Children must be toilet trained in order to enter preschool. Does your child take total responsibility for his/her toilet needs?  
Yes/No If no, please explain \_\_\_\_\_

Previous preschool experience \_\_\_\_\_

Has your child been tested for or diagnosed with any special needs? Yes / No If yes, please explain \_\_\_\_\_

Any additional information that would help us to better understand and work with your child:

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**NEW APPLICANTS MEDICAL INFORMATION**

Pediatrician's/Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

In Case of Emergency—Preferred Hospital \_\_\_\_\_

**EMERGENCY CONTACT LIST**

In the event of an emergency and parents cannot be reached, the following person(s) will be contacted.

Name	Telephone	Relationship

**AUTHORIZED RELEASE**

The child can be released to the following individuals only.

Name	Telephone	Relationship

5.18.2011