



**Registration Form  
2010-2011**

**Mail completed form  
along with enrollment fee to:**

*TotSpot Preschool  
c/o Shannon Powell  
6875 S. Amethyst Drive  
Chandler, Arizona 85249*

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Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_  
Cell Phone (    ) \_\_\_\_\_

Siblings/Ages \_\_\_\_\_

May we list your phone number and email address in our school directory? \_\_\_Yes \_\_\_No

May we take photos of your child to be used for class projects, pamphlets,  
flyers, website or other advertising purposes? \_\_\_Yes \_\_\_No

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Please list Child's Special Needs \_\_\_\_\_  
Allergies \_\_\_\_\_ Left or Right-handed \_\_\_\_\_

Child May be picked up by:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Hospital of Choice \_\_\_\_\_

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I would like to enroll my child into the class(es) marked below:

<b>Class Name</b>	<b>Ages**</b>	<b>Days</b>	<b>Time</b>
___ CATERPILLAR	3	Tues/Thurs	9:00am - 11:00am
___ CATERPILLAR	3	Tues/Thurs	12:00pm - 2:00pm
___ BUTTERFLY	4/5	Mon/Wed/Fri	9:00am - 11:30am
___ BUTTERFLY	4/5	Mon/Wed/Fri	12:00pm - 2:30pm

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In case of injury or sudden illness, I give authority to the above named doctor or hospital to render immediate emergency aid as might be required at the time for the child's health and safety.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*All students must be fully potty trained by the first day of school**