**附件1：**

**2017年秋吴江籍幼儿入园报名登记表**

编号：  日期：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **幼 儿 情 况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 幼儿  姓名 | |  | | | 性别 | |  | | | 出生年月 | |  | | | | | | | | | 民族 | | |  | |
| 户口所  在地 | | |  | | | | | | | | | | | 幼儿身份  证号 | | | | | |  | | | | | |
| 家庭  住址 |  | | | | | | | | | | | | | | | | 入园日期 | | | | | |  | | |
| 出生医学证明 | 有（ ） | | | 预防接种证 | | 有（ ） | | | 接种  情况 | |  | | | | | | | | | | 是否独生子女 | | | | 是（ ） |
| 无（ ） | | | 无（ ） | | | 否（ ） |
| 是否有过敏源 | 有（ ） | | | 过敏源是 | | | |  | | | | | | | | 健康  情况 | | | | | |  | | | |
| 无（ ） | | |
| **家 庭 情 况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 父亲姓名 | |  | | | | 学历 | |  | | | | | 手机号 | | | | |  | | | | | | | |
| 户口所  在地 | |  | | | | | | | | | | | 父亲 身份证号 | | | | | |  | | | | | | |
| 工作  单位 | |  | | | | | | | | | | | 职务 | | | | | |  | | | | | | |
| 母亲姓名 | |  | | | | 学历 | |  | | | | | 手机号 | | | | | |  | | | | | | |
| 户口所  在地 | |  | | | | | | | | | | | 母亲 身份证号 | | | | | |  | | | | | | |
| 工作  单位 |  | | | | | | | | | | | | 职务 | | | | | |  | | | | | | |
| 合法固定住所地址 | （请按房产证上地址填写） | | | | | | | | | | | | | | 房产证号 | | | | | | |  | | | |
| 房产情况 |  | | | | | | | | | | | | | | 验证人 | | | | | | |  | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |