**双桥幼儿园幼儿入园登记表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **幼儿姓名** |  | | | **性别** |  | | | **出生年月日** | | |  | | **出生地** |  |
| **民族** |  | | **幼儿血型** | |  | | | **现住址** |  | | | | **是否独生子女** |  |
| **幼儿身份证号码** | | |  | | | | | **户籍所在地** |  | | | | **是否城镇户籍** |  |
| **父亲姓名** |  | | | **职业** |  | | | **工作单位** |  | | | | **学历** |  |
| **身份证号码** |  | | | | | | **手机号码** | |  | | | | **家庭电话** |  |
| **母亲姓名** |  | | | **职业** | |  | | **工作单位** |  | | | | **学历** |  |
| **身份证号码** |  | | | | | | | **手机号码** |  | | | | **家庭电话** |  |
| **有无过往病史** | | **1 癫痫 2高热惊厥 3哮喘 4糖尿病 5习惯脱臼 6其他（ ）** | | | | | | | | | | | | |
| **有无先天性疾病** | | **1先天性心脏病 2其他（ ）** | | | | | | | | **有无过敏史** | |  | | |