



MY SCHOOL PRESCHOOL REGISTRATION FORM

STUDENT INFORMATION

Paid: (checks only, please!)

CLASS:

\$40 registration fee _____

____ 4 Day Pre-K ____ 3-Day Pre-K AM ____ 2-Day Preschool AM

\$35 activity fee _____

____ 3 Day Pre-K PM ____ 2-Day Preschool PM

May Tuition _____

Total _____ **Ck#** _____

CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ PHONE: _____

_____ CELL: _____

EMAIL: _____

NAME TO BE USED IN SCHOOL: _____

NAME YOU WOULD LIKE CHILD TO WRITE: _____

(i.e. If your child's name is Nicholas - do you want him to use/write Nick or Nicholas?)

LIST ANY MEDICAL OR DIETARY/ ALLERGY INFORMATION:

LIST CHILD'S INTERESTS AND FAVORITE THINGS:

WHAT WOULD YOU LIKE TO SEE YOUR CHILD GAIN FROM PRESCHOOL?

FATHER INFORMATION

NAME: _____ OCCUPATION: _____

ADDRESS: _____ PHONE: _____

WORK PHONE: _____

MOTHER INFORMATION

NAME: _____ OCCUPATION: _____

ADDRESS: _____ PHONE: _____

WORK PHONE: _____

SIBLINGS

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

THINGS WE SHOULD KNOW TO HELP US PLAN THE BEST YEAR FOR YOUR CHILD:

(i.e. separation anxiety; physical limitations; academic awareness; social or emotional concerns)

