



## MY SCHOOL PRESCHOOL REGISTRATION FORM

### STUDENT INFORMATION

CLASS:

\_\_\_\_ 4-Day Pre-K    \_\_\_\_ 3-Day Pre-K AM    \_\_\_\_ 2-Day Preschool AM  
\_\_\_\_ 3-Day Pre-K PM    \_\_\_\_ 2-Day Preschool PM

**Paid: (checks only, please!)**

**\$40 registration fee** \_\_\_\_

**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: \_\_\_\_\_

(e.g. 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:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_