

PRESCHOOL REGISTRATION

STUDENT INFORMATION

STUDENT NAME:

LAST	FIRST	MIDDLE	PREFERRED
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*HOME ADDRESS: _____

STREET	CITY	STATE	ZIP
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MAILING ADDRESS: _____

STREET	CITY	STATE	ZIP
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HOME PHONE#: () _____ ETHNIC: WHITE AFRICAN-AMER. HISPANIC ASIAN
 AMERICAN INDIAN OR ALASKAN NATIVE
 HAWAIIAN NATIVE/PACIFIC ISLANDER

BIRTH DATE: _____ GENDER: M F Parent Email: _____

PLACE OF BIRTH (City): _____ (State) _____

PRIMARY LANGUAGE SPOKEN AT HOME: _____

CHILD'S NATIVE LANGUAGE: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME:

LAST	FIRST
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ADDRESS: _____

STREET	CITY	STATE	ZIP
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HOME PHONE: _____ I HAVE CUSTODY OF CHILD: YES NO SHARED

OCCUPATION: _____ WORK PHONE: _____ CELL PHONE: _____

U.S. MILITARY SERVICE: NO FULL TIME ACTIVE NATIONAL GUARD RESERVE

PARENT/GUARDIAN NAME:

LAST	FIRST
------	-------

ADDRESS: _____

STREET	CITY	STATE	ZIP
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HOME PHONE: _____ I HAVE CUSTODY OF CHILD: YES NO SHARED

OCCUPATION: _____ WORK PHONE: _____ CELL PHONE: _____

U.S. MILITARY SERVICE: NO FULL TIME ACTIVE NATIONAL GUARD RESERVE

PARENT/GUARDIAN SIGNATURE

DATE