



PRE-REGISTRATION INFORMATION

Today's Date _____

PARENTS NAMES

PARENTS PHONE NUMBERS

FINANCIAL INFORMATION

____ I will be applying/receiving state assistance

____ I will be paying for childcare

IS YOUR CHILD IMMUNIZED? Yes No

Children must be immunized to attend.

If your child is behind on immunizations,
please ask me about this.

IS YOUR CHILD POTTY TRAINED? Yes No

PLEASE LIST ANY FOOD ALLERGIES OR
MEDICAL CONDITIONS:

CHILD'S NAME _____ DATE OF BIRTH _____

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CHILD'S NAME _____ DATE OF BIRTH _____

CHILD'S NAME _____ DATE OF BIRTH _____

CHILD'S NAME _____ DATE OF BIRTH _____

CHILD'S NAME _____ DATE OF BIRTH _____

Does your child have special needs such as ADHD or behavior disorders? ____ If yes, please describe:

Date and time your child will start attending Dixie Kids Preschool:

Date:

Time:

Full-Time

Part-Time (24 hrs or less OR 25-30 hours)

Preschool Only

PLEASE CIRCLE ONE

Please note there is a \$50.00 registration fee. This fee is **NON-REFUNDABLE**