



# 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!)

\$50 registration fee \_\_\_\_\_

\$50 activity fee \_\_\_\_\_

September tuition \_\_\_\_\_

Total : \_\_\_\_\_ ck # \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## MOTHER'S INFORMATION

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

\_\_\_\_\_

WORK PHONE: \_\_\_\_\_

## FATHER'S INFORMATION

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

\_\_\_\_\_

WORK PHONE: \_\_\_\_\_

LIST ANY MEDICAL OR DIETARY/ALLERGY INFORMATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PEDIATRICIAN/Doctor \_\_\_\_\_ PHONE: \_\_\_\_\_

ANY LONG TERM OR MAINTENANCE MEDICATION? \_\_\_\_\_

ANY CONDITIONS THAT NEED MONITORING? \_\_\_\_\_

OVER 

DOES YOUR CHILD HAVE AN IEP OR ANY SPECIAL NEEDS WE NEED TO BE AWARE OF?

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**EMERGENCY CONTACT NUMBERS:**

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

**\*\*Please be advised that while we strive to educate all children and will do our best to meet your child's needs, we may not be able to due to classroom and staff restraints.**

***\*\*\*All Children must be fully potty trained (no pull ups/diapers) to attend My School Preschool.***

**PARENT STATEMENT:**

- 1. PARENT(S) ACCEPT RESPONSIBILITY FOR NOTIFYING THE SCHOOL OF ANY CHANGES IN HOME AND EMERGENCY ADDRESS OR PHONE NUMBERS, AUTHORIZED PERSONS TO PICK UP THEIR CHILD AND/OR ANY SIGNIFICANT CHANGES AT HOME.**
- 2. PARENT(S) HAVE EXAMINED THE INFORMATION CONTAINED IN THIS REGISTRATION FORM AND HEREBY STATE THAT IT IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.**
- 3. IN THE EVENT OF AN EMERGENCY, I GIVE THE STAFF OF MY SCHOOL PRESCHOOL PERMISSION TO CALL EMS OR TAKE MY CHILD TO THE NEAREST EMERGENCY ROOM FOR TREATMENT.**

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_