



MY SCHOOL PRESCHOOL REGISTRATION FORM

3 year old Preschool	4 year old Pre-k	5 year old Trans-K
Before Sept. 1, 2023	Before Sept. 1, 2023	Before Nov. 1, 2023
2 Day AM - 9:30-noon	3 Day AM - 9:30-noon	4 Day TK
3 Day PM - 12:45-3:15	3 Day PM - 12:45-3:15	8:45-11:45

1 Check Payable to MSPS	
\$50 registration fee	
\$60 activity fee	
September Tution	
Total:	Ck#

CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ PHONE: _____

_____ CELL: _____

EMAIL: _____

PARENT/GUARDIAN INFORMATION

NAME: _____

OCCUPATION: _____

ADDRESS: _____

CELL PHONE: _____

WORK PHONE: _____

PARENT/GUARDIAN 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 

PICTURE CONSENT: *My School Preschool uses ClassTag to help keep parents informed about daily activities and progress. You will have access to your child's class once you are sent a private invitation to join.*

_____ I GIVE PERMISSION TO PHOTOGRAPH OF MY CHILD FOR USE ON CLASSTAG, AND CLASS PROJECTS

_____ I DO NOT GIVE PERMISSION TO PHOTOGRAPH MY CHILD FOR USE ON CLASSTAG, AND CLASS PROJECTS

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

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/GUARDIAN ACCEPTS 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/GUARDIAN 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 OR LEGAL GUARDIAN _____

DATE _____