![abc_blocks[1]]()![abc_blocks[1]]()![abc_blocks[1]]()Ell-Saline Elementary

 Preschool

 Registration Form

Important facts:

* Participants must be 4 years old by August 31, 2019.
* 5 days a week programming based on the school district calendar.
* Morning session runs 8:15-11:15 and afternoon session runs 12:40-3:40.
* Transportation will be provided for in-district students.
* Participation fee will be $150 a month.
* No cost option is available based on At-Risk Criteria and National School Lunch Program qualifications.
* Official enrollment forms will be completed at the district’s enrollment date for the 2018-2019 year.

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

Child’s Name Date of Birth

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

Address

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

Father’s Name Mother’s Name

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

Father’s Address Mother’s Address

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

Father’s Cell Number Father’s Work Number Mother’s Cell Number Mother’s Work Number

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

Emergency Contact 1 Relationship to Child Contact’s Cell Number Contact’s Work Number

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

Emergency Contact 2 Relationship to Child Contact’s Cell Number Contact’s Work Number

Has your child participated in a 3 year old preschool program? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

If yes, how many days a week did your child attend preschool? \_\_\_\_\_\_\_\_ 3-days \_\_\_\_\_\_\_\_ 4-days \_\_\_\_\_\_\_\_ 5-days

Does your child currently have an IEP? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

Known medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle Preferred Session: 1. Morning Session 8:15 am – 11:15 am 2. Afternoon Session 12:40 pm – 3:40 pm 3. Either session works.

Final session assignments will be determined following enrollment. The district will be divided in half for the morning and afternoon sessions.

Transportation will be available to and from child’s home address within district boundaries. \_\_\_\_\_\_\_\_\_\_ Yes, pick up my child at home.

 \_\_\_\_\_\_\_\_\_\_ Yes, drop off my child at home.

 \_\_\_\_\_\_\_\_\_\_ No, we’ll provide transportation.