



# Pre- K Student Information

Date: \_\_\_\_\_

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Please indicate the appropriate program by checking the correct line below:**

\_\_\_\_\_ Pre-K 3 **Full Day Program** (7:00 am – 6:00 pm)

\_\_\_\_\_ Pre-K 3 **School Day Program** (7:30 am – 3:00 pm)

\_\_\_\_\_ Pre-K 3 **Half Day Program** (7:30 am – 12:30 pm)

\_\_\_\_\_ Pre-K 4 **Full Day Program** (7:00 am – 6:00 pm)

\_\_\_\_\_ Pre-K 4 **School Day Program** (6:30 am – 3:00 pm)

\_\_\_\_\_ Pre-K 4 **Half Day Program** (7:30 am – 12:30 pm)

**Please circle the correct option below:**

Custody of student: Both Parents          Mother          Father

Other\*: (please specify) \_\_\_\_\_

\*(Note: Custody papers must be on file at school in order to enforce)

Student resides with: Both parents          Mother          Father

Other: (please explain) \_\_\_\_\_

## **Father's Information:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Primary Email: \_\_\_\_\_

**Mother's Information:**

---

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_  
Primary Email: \_\_\_\_\_

**Emergency Contacts:**

---

• Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Authorized to pick up student?  Yes  No

• Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Authorized to pick up student?  Yes  No

• Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Authorized to pick up student?  Yes  No

• Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Authorized to pick up student?  Yes  No

• Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Authorized to pick up student?  Yes  No

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please notify the school in writing if this is to be changed.*

---

Signature of Parent/Guardian

---

Date