

**Pre-K Enrollment Form**

Student ID Number \_\_\_\_\_

Students Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M F  
Birthplace (City) \_\_\_\_\_ State \_\_\_\_\_ Any Custody Papers? \_\_\_\_\_

(Primary Contact/Receives Correspondence)

Parent/Guardian Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Unlisted  
City/State/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Unlisted  
City/State/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Is your address a temporary living arrangement? \_\_\_\_\_ Is this temporary due to loss of housing or economic hardship? \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or Drug Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medication received on a regular or emergency basis \_\_\_\_\_

Language spoken at home \_\_\_\_\_ Of Hispanic Origin \_\_\_\_\_ (Please choose one or more)

\_\_\_\_\_ White \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian of Other Pacific Islander

Is child's parent/guardian in the military? If yes, please describe: \_\_\_\_\_

Had previous children in Pre-K? \_\_\_\_\_ Where? \_\_\_\_\_ Do siblings attend elementary school? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have concerns about your child's \_\_\_\_\_ Health \_\_\_\_\_ Development \_\_\_\_\_ Speech \_\_\_\_\_ Hearing \_\_\_\_\_ Vision

Diagnosed Disabilities/IEP \_\_\_\_\_ Other Concerns \_\_\_\_\_

Current Child Care Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Total number of children in family \_\_\_\_\_ Number of children in family under age of 4 \_\_\_\_\_

Approximate gross family income:

Yearly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Foster Child? \_\_\_\_\_ Does child receive SSI? \_\_\_\_\_ Does child receive TANF? \_\_\_\_\_

Child's Health Insurance Medicaid # \_\_\_\_\_ CHIPS # \_\_\_\_\_ Private \_\_\_\_\_ None \_\_\_\_\_

**Parent/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_**

Office Use Only

Age Verified by \_\_\_\_\_ Age as of June 30 \_\_\_\_\_ Bus Needed Y N

Eligibility Approved \_\_\_\_\_ Head Start \_\_\_\_\_ Pre-K \_\_\_\_\_ Placement \_\_\_\_\_ Date \_\_\_\_\_