



AVISTON ELEMENTARY SCHOOL
Preschool Registration Form



Child's Name: _____
(First, Middle, Last)

Male or Female

Birth Date: _____

Primary Telephone: _____

Birthplace: _____
(Hospital Location)

Child's Address: _____

Mother's Name: _____

Father's Name: _____

Mother's Maiden Name: _____

Father's Telephone: _____

Mother's Telephone: _____

Father's Email: _____

Mother's Email: _____

Father's Place of Employment: _____

Mother's Place of Employment: _____

Child Lives With: MOTHER or FATHER or BOTH in home

Number of Brothers: _____ OLDER _____ YOUNGER Number of Sisters: _____ OLDER _____ YOUNGER

Will your child be riding a bus? _____ NO _____ YES. If yes, to and from where? _____

Which session do you prefer: _____ AM or _____ PM – There is no guarantee on your preferred spot

Has your child participated in the following:

- Preschool screening? Where? _____
- Preschool program? Where? _____
- Daycare program? Where? _____
- Early Head Start (Birth to 3)? _____

- Prevention Initiative (Birth to 3)? _____
- Early Intervention (Birth to 3)? _____
- Speech, OT, or PT services? _____

*** A recent physical, immunization record, and a copy of your child's birth certificate must be on file with the school on the first day of school – must be a courthouse copy. ***

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Date \$65 was received: _____ Check # or Cash: _____