



Universal PreK Re-Enrollment Form

School Term _____ Site _____ File # _____

Child's Name _____ Date of Birth _____ Parent/ Guardian _____
Address _____ Insurance Carrier _____
Phone (Home) _____ Phone (Work) _____ Policy Number _____
Dental Coverage _____

Directions to Home _____

Pick Up Time _____ Drop Off Time _____

Please Select One: ☐ First Year Returning
☐ Second Year Returning
☐ Dropped – Now Re-Enrolling

Income Verification for Third Year Child: Amount _____
Income Source _____

Additional Comments:

I agree that my child may participate in all health activities in which immunizations, vision, dental, hearing, mental, physical examinations or treatments are given as part of the school program. In addition, I agree to provide copies of any current and/or updated documents relative to these activities as requested by Universal PreK Program Staff.

I agree that, in case of an emergency, I give my permission to the staff to secure the needed emergency medical care, if parent/guardian cannot be immediately contacted. Hospital and physician information is listed on the original enrollment documentation.

Parent/ Legal Guardian Signature _____ Date _____
Family Developmental Partner _____ Date _____

I understand that I have the right to review records maintained on my family and to dispute or correct any information that I feel to be incorrect.