

Stewartsville C -2 Preschool Registration Form 2019-2020

Student Name: _____ **Date of Birth:** _____

Mailing Address: _____

Age: _____ **Gender:** _____ **Home Phone Number:** _____

Ethnicity (circle one): 1. White 2. American Indian/Alaska Native 3. Asian 4. Black/African American

5. Hispanic 6. Native Hawaiian/Other Pacific Islander 7. Multiracial

Is your child fully potty trained? Yes or No _____

Mother's Name: _____ **Contact Number(s):** _____

Mailing Address (if different from above): _____

Father's Name: _____ **Contact Number(s):** _____

Mailing Address (if different from above): _____

Emergency Contact Information:

Name _____

Relationship to the child: _____ **Contact Number:** _____

Name _____

Relationship to the child: _____ **Contact Number:** _____

Name _____

Relationship to the child: _____ **Contact Number:** _____

Does your child exhibit any food allergies? Yes or No _____ ; If yes please list all food allergies: _____

Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? **Yes or No** _____

Has a member of the family moved with the child(ren) within the past three years to seek or obtain temporary or seasonal work? **Yes or No** _____

Is the student's primary language something other than English? **Yes or No** _____; If yes, when did you first move to the U.S.? _____ (date); How long have you lived in Missouri? _____

*The district will first fill preschool spots with children attending 5 days per week and are 4 years of age. Remaining spots will be filled with those planning to attend less than 5 days per week.

My child will attend 5 days per week: _____ or; My child will attend less than 5 days per week _____ (how many days) _____