

Weeping Water Preschool 2020 Registration Form

Please return forms by May 1, 2020. After this date out-of-district registrations will be accepted.

Child's Full Name _____ Age _____

Name child goes by _____ Child's Sex: Male / Female

Name you'd like your child to write _____

Birthday _____ Parent's email address _____

Parent's/Guardian
Names _____

Street Address _____

Mailing Address _____

Home Phone Number _____ Mom's Cell Phone Number _____
Dad's Cell Phone Number _____

Does the child live with both parents? Yes No
If no, the child lives with _____

Does parent/guardian reside within the Weeping Water District? Yes No

Will your child attend Weeping Water Public Schools? Yes No

Does your child receive any special services? Yes No

If yes, which ones? _____

Do you have any concerns about your child's development? Yes No

If yes, please explain your concerns. _____

Does your child have complete control of urination? Yes No

Does your child have complete control of bowel movements? Yes No

Does your child have any allergies and/or medical conditions that the school needs to be aware of (food allergies, asthma, etc.)? _____

If parents work, who is your regular childcare provider?

Name _____ Phone _____

Who will be picking your child up from school?

Name _____ Phone _____

Name _____ Phone _____

Emergency Contact _____ Phone _____