

Maquoketa Community School District 4-YEAR-OLD PRESCHOOL REGISTRATION FORM

Office Use Only: Date: _____ Center: _____
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Child's Legal Last Name First Name Middle Name Gender

Date of Birth Phone Number County

Street Address APT # PO Box City/Zip Code

Is this student Hispanic/Latino? *(Choose only one.)*

No, not Hispanic/Latino

Yes, Hispanic/Latino

What is the student's race? *(Choose all that apply)*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

<p><u>EVERYONE MUST COMPLETE:</u></p> <p>Birth Country _____</p> <p>Primary Language Spoken in the Home _____</p> <p>If not born in USA, date of entry _____</p> <p>Language Spoken by Student First Four Years of Life if</p> <p><u>Not English</u> _____</p>
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		<u>Living With Child: Yes No</u>	<u>Custody: Yes</u>
<u>No</u>	Mother's First Name _____	Mother's Last Name _____	Please Circle
Address if Different From Student: _____			
Cell Phone: _____		E-mail address _____	
_____	_____	_____	_____
Place of Employment	City	Employment Phone	

		<u>Living With Child: Yes No</u>	<u>Custody: Yes No</u>
	Father's First Name _____	Father's Last Name _____	Please Circle
Address if Different From Student: _____			
Cell Phone: _____		E-mail address _____	
_____	_____	_____	_____
Place of Employment	City	Employment Phone	

		<u>Living With Child: Yes No</u>	<u>Custody: Yes No</u>
	Step-Parent's First Name _____	Step-Parent's Last Name _____	Please circle
Address if Different From Student: _____			
Cell Phone: _____		E-mail address _____	
_____	_____	_____	_____
Place of Employment	City	Employment Phone	

			<u>Custody: Yes No</u>
	Other Adult in Home First Name _____	Last Name _____	Relationship _____ Please Circle
Address if Different From Student: _____			
Cell Phone: _____		E-mail address _____	
_____	_____	_____	_____
Place of Employment	City	Employment Phone	



Medical Information

Primary Physician

Address

Phone

Dentist

Address

Phone

Eye Doctor

Address

Phone

Emergency Contacts (Please list only those contacts who would be able to pick up your child in case of sickness or other emergency)
Do not include parent contacts listed on the front of this form. An attempt will always be made to contact a parent first.

Name

Phone

Relationship

Name

Phone

Relationship

Name

Phone

Relationship

Siblings

Name

Birthdate

Gender

School Currently Attending

Name

Birthdate

Gender

School Currently Attending

Name

Birthdate

Gender

School Currently Attending

Name

Birthdate

Gender

School Currently Attending