

Region Ten Technical High School Community Preschool Enrollment Form

Today's Date _____ AM ____ PM ____ Session

Child's Name _____ Birth Date _____

Home Address _____

Mother's Name _____

Home Phone _____ Cell Phone _____

Home Address _____

Place of Employment

Work Phone _____ E-mail _____

Father's Name _____

Home Phone _____ Cell Phone _____

Home Address _____

Place of Employment

Work Phone _____ E-mail _____

Physical Development and Health

Are there any special characteristics or issues that we should know about to better serve the needs of your child?

Does your child have any health problems or physical limitations?

Does your child have any allergies?

If you can not be reached in a case of emergency, who should we notify next?

Name _____ Phone _____

Name _____ Phone _____

Pediatrician _____ Phone _____

Name of others in the home

Relationship

What guidance strategies work well for your child?

How does you child typically react when you leave them with someone other than a parent?

Has your child attended a preschool program before? What was their experience there?

What are your child's interests and strengths?
