

JONES ELEMENTARY SCHOOL - PREKINDERGARTEN REGISTRATION

BC _____
SS _____
IMM _____
EED _____

Child's Full Name _____
(Circle name by which child is called) First Name Middle Name Last Name

Male _____ Female _____ Social Security Number _____

Birthdate (Month/Day/Year) ____/____/____ Birthplace (County/State) _____

Ethnic Code: Asian _____ Black _____ Hispanic _____ Indian _____ Multi-racial _____ White _____

Address (Street & Mailing) _____

City/State/Zip _____ Home phone _____

Father _____ Mother _____

Father's Employer _____ Work Phone _____

Father's Cell Phone/Beeper _____

Mother's Employer _____ Work Phone _____

Mother's Cell Phone/Beeper _____

List brothers and sisters, include ages _____

Child lives with: Both parents _____ Mother _____ Father _____ Other _____

Who has legal custody of the child? _____

(Parent must supply a copy of the legal document showing custody in cases of divorce.)

Child lives in: Bremen City Limits ____ Haralson County ____ Carroll County ____ Other _____

(If you reside outside the city limits of Bremen, you will be required to pay out-of-district tuition.)

Persons to contact in case of emergency, if parents cannot be reached:

Name/Relationship/Phone # _____

Name/Relationship/Phone # _____

Has your child had any previous preschool or day care experience? Yes _____ No _____

Where? _____

Does your child have any doctor diagnosed health problems? _____

Allergies: Milk _____ Chocolate _____ Caffeine _____ Bee Stings _____ Other _____

Kidney problems ____ Tubes in ears ____ Orthopedic problems ____ Vision problems ____ Speech problems ____

Are there any children your child should not be in the classroom with? _____

Are you receiving any of the following? Food stamps _____ Medicaid _____ WIC _____

TANF (Temporary Assistance to Needy Families) _____

As a part of the PreK program, you will be required to provide proof of income if you are eligible for free/reduced lunches.