

Dewberry Pre-K Registration Form 2024/25

Student's Full Name: _____

Student's Date of Birth: _____

Parent 1: _____

Mailing Address: _____

Phone Number: _____

Alternate number: _____

Email: _____

Parent 2: _____

Mailing Address: Same as Parent 1

Phone Number: _____

Alternate number: _____

Email: _____

Legal Land Description OR Lot, Block, Plan of Student Residence

Student Health Care Number: _____

Emergency Contact #1: _____

Relationship to Child: _____

Phone: _____

Emergency Contact #2: _____

Relationship to Child: _____

Phone: _____

Parent 3: _____

Relationship to child: _____

Mailing Address: _____

Phone Number: _____

Alternate number: _____

Email: _____

Parent 4: _____

Relationship to Child: _____

Mailing Address: _____

Phone Number: _____

Alternate number: _____

Email: _____

Siblings:

Name(s): _____	Age: _____	Grade: _____
_____	Age: _____	Grade: _____
_____	Age: _____	Grade: _____
_____	Age: _____	Grade: _____

Are there any MEDICAL concerns for your child?

Please list any ALLERGIES your child has:

Are vaccinations up to date? YES NO

Are there any educational concerns, special abilities or disabilities that you feel the teacher should be made aware of? These can be social, emotional, speech related, motor related, etc.

Student's personal information will be kept confidential. In specific cases where outside services are required, written parental permission will be granted before any information is shared.

PLEASE PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE, and HEALTH CARE NUMBER

Field Trip Permissions

Throughout the school year it is expected that the playschool class will be taking tours and field trips to various places within walking distance within the Village of Dewberry town limits.

I, _____ hereby grant my permission for my child, _____ to accompany the class on tours and field trips within the town limits of the Village of Dewberry. This permission is effective August 30, 2024 through June 30, 2025.

Date

Signature
