



- 2 yr. old (Tue/Thurs 9:00-10:30am)
- 3 yr. old (Tues/Thurs 8:30-11:00am)
- 3&4 yr. old (Tues/Thurs 12:00-2:30pm)
- 4&5 yr. old (M,W,F 8:30-11:00am)
- 4&5 yr. old (M,W,F 12:00-2:30pm)
- Paid \$75 Registration Fee

## REGISTRATION FORM

Date: \_\_\_\_\_

Name of student: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip Code

Phone #: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cellular: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Who does your child live with, please provide the following:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, please call (other than parents):  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who will be picking up your child at school?  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Best person to contact in case of school closings or early dismissal  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies, known medical conditions, or daily medications: \_\_\_\_\_  
\_\_\_\_\_

Is your child left or right handed? \_\_\_\_\_

\*A copy of your child's immunization record is required before he or she will be allowed to attend Southern Hills Preschool.

I agree to abide by all school regulations.

Parent or guardian signature: \_\_\_\_\_