KENESAW PRESCHOOL ENROLLMENT FORM

Student Name:_____

Date of Birth: _____ Place of Birth _____
City State County

Age:____ Male___ Female___ Social Security Number_____

Mailing Address:_____
(PO Box if applicable) City Zip Code

Physical Address: _____
Street Address City Zip Code

ETHNICITY: Is the student Hispanic/Latino? (check one) ___Non-Hispanic ___Hispanic/Latino
___Black/African American ___Asian ___Native Hawaiian/Other Pacific Islander
___American Indian/Alaskan ____White Other_____
Specify

1) What language did the student first learn to speak?_____
2) What language is spoken most often by the student?_____
3) What language does the student most frequently use at home?_____

Primary Parent/Guardian Information: Father Step-Father Mother Step-Mother Foster Grandparent Guardian Other (Circle One)

Last Name:_____ First Name:_____

Date of Birth_____ Highest Grade Completed: High School_____ Graduate Y/N College___ Degree Y/N

Mailing Address_____

Email Address: _____ Phone #s_____
Home Cell

Employer:_____ Work Phone: _____

Parent/Guardian/Spouse Information: Father Step-Father Mother Step-Mother Foster Grandparent Guardian Other (Circle One)

Last Name:_____ First Name:_____

Date of Birth_____ Highest Grade Completed: High School_____ Graduate Y/N College___ Degree Y/N

Mailing Address_____

Email Address: _____ Phone #s_____
Home Cell

Employer:_____ Work Phone: _____

Were/Are you a Teen Parent less than 18 years of age? Yes/No (circle)

Was the child enrolling born premature (38 weeks or less) or at a low birth weight? Yes/No
(If yes, specify)_____

Which best describes your family: (please circle one)
Two-Parent Family Single Parent Family Teen Parent Other_____

A parent or guardian of this family is a member of the Armed Forces on active duty or
on full-time National Guard duty? Yes/No

The student is an unaccompanied homeless youth; not in the physical custody of a parent or guardian? Yes/ No

Does anyone in the family have a disability? Yes/No Parent Child (specify if yes)_____

Does the child receive special education services or currently have an IEP/IFSP? Yes/ No

Has the child attended another preschool? Yes/No
If yes, name of preschool _____

Do you have Medicaid or private insurance? (circle one)

Is your family currently experiencing, or has your family ever experienced any of the following:

Homelessness Teen Pregnancy Family Crisis If yes, please explain_____

Does the child/parent have any health concerns? (such as severe allergy, asthma, diabetes...) Yes/ No (circle one)
If yes, explain:

Name: _____ Health Concern: _____

Name: _____ Health Concern: _____

Does your child wear glasses? Yes or No

Daily Medications being taken_____
(* A medication release form must be on file in the school office in order to receive medication at school. This includes both prescription and non-prescription medication.)

Student's Doctor_____ Phone#_____ Doctor's Address_____

Please list two emergency contact people ***other than parents*.**

#1 Emergency Contact Person's Name_____
Relationship to Student_____
Emergency Person's Home Phone_____ Work Phone_____ Cell Phone _____

#2 Emergency Contact Person's Name_____

Relationship to Student_____

Emergency Person's Home Phone_____ Work Phone_____ Cell Phone _____

Daycare or Babysitter Contact Information:

_____
Name Phone Number Address

Please list other children living in your household:

Name	Date of Birth	Sex: M/F	Name	Date of Birth	Sex: M/F