



## PRE-KINDERGARTEN & EXTENDED DAY CENTER STUDENT INFORMATION FORM 2026-2027

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

Pre-Kindergarten School Day Hours: 8:30 a.m.-3:05 p.m.

Extended Day Session, 3:05-6:00 p.m. if applicable (check days attending): **M**   **T**   **W**   **TH**   **F**

Child's Name: \_\_\_\_\_ Male / Female

Last

First

Middle

Student's preferred name at school (nickname): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Street

City

State

Zip

**Mother's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Mother's Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Address (if different than above): \_\_\_\_\_

Street

City

State

Zip

**Father's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Father's Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Address (if different than above): \_\_\_\_\_

Street

City

State

Zip

Please list any special instructions as to how you may be reached when your child is at school: \_\_\_\_\_

Child's Physician: **(must complete)** \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician Address: \_\_\_\_\_

Street

City

State

Zip

Child's Dentist: **(must complete)** \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist Address: \_\_\_\_\_

Street

City

State

Zip

Please list 2 persons authorized to take your child from school if a parent/guardian cannot be reached in an emergency or when there is an injury requiring medical attention **(must complete 2)**.

1. \_\_\_\_\_  
Name Phone Street City State Zip

2. \_\_\_\_\_  
Name Phone Street City State Zip

**Persons NOT authorized to take child from school:** \_\_\_\_\_

Does your child have any dietary or medical needs under a doctor's care: (additional documentation may be needed): \_\_\_\_\_

**FORM CONTINUED ON NEXT PAGE**

