



Creative Preschool Registration Form

To Parents or Guardians:

Please fill in this form and return to the Preschool (411 East 6th Street) along with the **\$25.00 registration fee.**

Child's Full Name: _____

Preferred Name: _____

Class Preference:

Morning Classes: M/W 4-5 Yr. Olds _____ Tu/Th 3-4 Yr. Olds _____

Afternoon Class: 4 Day Pre-K _____

Previously Attended Preschool: Yes _____ No _____ Where: _____

Birthdate: _____

Sex: Male _____ Female _____

Home Address: _____

Main Phone _____ Cell Phone(s) _____

Email Address _____

Parents: Married _____ Divorced _____ Other _____

Deceased: Mother _____ Father _____

Parents/Guardian with whom child is living:

Name	Relationship to child	Occupation	Phone
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_____	_____	_____	_____
_____	_____	_____	_____

Other Siblings:

Name	Sex	Birthdate	Live at home?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Health Concerns: _____

Allergies: _____

Child's Interests and Hobbies: _____

Referred by: _____

Attends Church at: _____

What I would like my child to gain from this Preschool Experience: _____

I will _____ will not _____ need transportation to and/or from preschool.
Forms for bus service are available from the preschool upon request.

Immunization records are required by the State of Nebraska and will be due the first week of preschool. My child is _____ is not _____ immunized.

Any other concerns or special requirements: _____

Parent Signature