

Shiloh Tuition Preschool Registration Form

Please Print:

Student Name: _____ DOB: _____ Age: _____

Home Address: _____ Phone: _____

Email Address: _____

Parent/Guardian Information:

Child lives with: Mother& Father Father Mother Step-father Step-mother Grandparents Guardian

Adults with who the child lives:

1. _____
First Name Last Name Relationship to Child

Place of Employment Work Phone Number Cell Phone Number

2. _____
First Name Last Name Relationship to Child

Place of Employment Work Phone Number Cell Phone Number

Is there someone who, by court order, is not permitted to be in contact with the child? Yes No

If Yes, please fill out the following information and provide a copy of the court order.

Name Address Relationship to Child

Emergency Contacts (In the event that you cannot be contacted):

Name Relationship to Child Phone Number

Name Relationship to Child Phone Number

Name Relationship to Child Phone Number

Other:

Does your child wear glasses? Yes No Does your child wear a hearing aid? Yes No

Does your child require special modification or accommodations within the classroom? Explain:

Please list any medical conditions or allergies:

Program Option: 5 Days (Mon.-Fri.) 3 Days (Mon., Wed., & Fri.) 2 Days (Tues. & Thurs.)

Parent Signature

Date

Does your child speak a language other than English? Yes No

Does anyone in the home speak a language other than English? Yes No

Please initial each item for which you are granting permission:

I give Shiloh Village School District #85 permission to photograph my child while in attendance at school. I understand photos will be used for classroom purposes only and will not be displayed or posted for public viewing without prior consent. Photo documentation is a valuable tool for assessing child growth, recording learning opportunities and enjoying time with a friend.

I give permission for my child to attend field trips.