

SCHOOL READINESS REGISTRATION for 2024-2025

Class session - indicate 1st and 2nd choice

Mon. Wed. Fri. Morning _____

Mon. Wed. Fri. Afternoon _____

STUDENT INFORMATION

Legal Name _____ Home Phone No. _____
(Last) (First) (Middle Int.)

Mailing Address - Please include P. O. Box # if you have one.

Birthdate _____ Age (as of Aug. 31) _____ Sex _____
(City) (ST) (Zip)

Daycare Provider _____ Phone Number _____

FAMILY INFORMATION

Parent/Guardian's Name _____

Father/Guardian —Cell Phone _____ Work Phone _____

Mother/Guardian —Cell Phone _____ Work Phone _____

Email Address(es) to receive school updates (please check email frequently) _____

Children living in the home - Names & ages _____

Others living in the home (Grandparents, aunts, uncles, etc.) _____

HEALTH INFORMATION

Emergency person to call if family cannot be reached: _____

Phone Number _____

Family Physician _____ Phone Number _____

Special disabilities or allergies _____

Is your child under a doctor's care for any reason? ____ Yes ____ No—If yes, explain _____

Is your child on any form of medication? Yes _____ No _____

Is there any need for restricting this child's physical activities? Yes _____ No _____

If yes, please explain _____

Does your child have asthma? ____ Yes ____ No

If you'd like to apply for a Scholarship/financial assistance, please call 507-582-3405

Transportation needed to school: ____ Yes ____ No

Transportation needed from school: ____ Yes ____ No

Registration Fee \$25.00 _____

To secure your child's spot, please return forms and registration fee by May 1st.

I sign to agree that all this information is current and correct:

Parent/Guardian Signature _____

Date _____