

GARBER PRESCHOOL
STUDENT REGISTRATION
2020-2021



PLEASE PRINT:

Name of Child: _____
(last) (first) (middle) (goes by name)

Address: _____
(street) (city) (State) (zip code)

Date of Birth _____ Sex _____ Home/Primary Cell Phone _____
(mo/day/yr)

primary e-mail _____ e-mail 2 _____

Parent or Guardian Information

Father's Name _____ Cell phone _____

Address _____ Home phone _____

Place of employment _____ Business phone _____

Mother's Name _____ Cell phone _____

Address _____ Home phone _____

Place of employment _____ Business phone _____

Family Information

Brothers and /or sisters (please indicate names, ages and whether they live with the child)

Please indicate church affiliation and/or religious preference _____

Please list any other persons living with the child and their relationship to the child _____

Pick-up

Persons authorized to pick up child _____

Persons known to you who *may not* pickup child _____

Information about your child

Has your child had a previous group or preschool experience? _____

If so, where and when? _____

Known allergies _____

Medical, Developmental or Special Conditions: _____

What word does your child use for toileting? _____

Any additional information such as a child's communication, comforting, special likes or dislikes, eating habits, play habits and so on?

*** Garber Preschool offers a Preschool Directory which lists the children by class and includes: address, home phone #, and parents' names.

Photos taken of your child may be used by the Preschool but will not include any identifying information without parental consent.

As part of your supply fee, you will receive a Garber Tee Shirt and school bag. Please indicate the size tee shirt you would like for your child next year.

All children should be immunized. You are to submit a Garber Preschool Statement of Health with an Immunization Record and a Notarized Emergency form prior to participation each school year.

Children's' size : ___xs ___small ___medium

Parent Signature _____ date _____

Please check preference:

Guideline child should be class age as of Aug 31 of given school year

Mother's morning out (3 months to begin at any point)

___ Wednesday

15 months - 23 months class

___ Tuesday / Thursday ___ Mon/Wed/Fri

24 months - 36 months class

___ Tues/Thurs ___ Mon/Wed/Fri

3-year-old class

___ Tues/Wed/Thurs ___ Mon/Wed/Fri ___ M-F

4-year-old class

___ M-F

Transitional Kindergarten Class (Guideline is 5 as of Dec 31)

___ M-F (8:00-12:00)

Fees	Date	Check #	Amount
reg			
supply			