



**YELLOW MEDICINE EAST  
LITTLE STINGERS**  
Preschool Program  
**REGISTRATION FORM**

**CHILD'S INFORMATION**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male  Female | Is your child toilet trained?  Yes  No\*

\*Please reference our enclosed Toilet Independence Document

Ethnicity (check one):  Hispanic/Latino  Not Hispanic/Latino

Race (check all that apply):  American Indian or Alaskan Native  Asian  White  
 Black or African American  Pacific Islander or Native Hawaiian

Has your child completed Early Childhood Screening? Yes  No

If yes, where and what year? \_\_\_\_\_

Is your child receiving special services? (i.e. Speech, OT, PT, ECSE) Yes  No

Resident School District \_\_\_\_\_

Does your child have any significant health problems?

hearing  vision  heart  convulsions  emotional  epilepsy

diabetic  orthopedic  medication other \_\_\_\_\_

**Parent/Guardian Information #1:**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Lives With  Has Custody  Contact Allowed

**Parent/Guardian Information #2 or other Emergency Contact:**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Lives With  Has Custody  Contact Allowed

Cultural liaisons are available upon request. Los enlaces culturales están disponibles para ayudar a las familias que lo soliciten.