

NORTHEAST DUBOIS ELEMENTARY

Home of the "JEEPS"

Chad Whitehead, Principal



Lori Fuhrman, Secretary

5533 E. Saint Raphael Street
Dubois, Indiana 47527

Telephone: 812-678-3011
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\$50.00 Registration Fee Paid _____ Check _____ Cash _____ Not Paid _____

NORTHEAST DUBOIS PRESCHOOL 2026/27 REGISTRATION FORM

Student Name _____ **Birthdate** _____
First Middle Last Month/Date/Year

Student Address _____

City State Zip Code

In what county do you reside? _____ Do you live in the Northeast Dubois School District? _____

Circle Gender: M F Year you are planning to send your child to **Kindergarten**: 20__

Has your child ever attended another Preschool? Yes _____ No _____

If you answered "yes", please list where he/she attended: _____

Family Information:

The student's parents are (circle): Married Separated Divorced Widowed Single

If divorced, who has legal custody of this child? _____

With whom does the child live? _____

Number of Brothers _____ Ages _____ Number of Sisters _____ Ages _____

Father's Name

_____ Occupation _____

Place of Employment _____ Work Phone _____

Home Phone _____ Cell Phone _____

Preferred email address _____

Mother's Name

_____ Occupation _____

Place of Employment _____ Work Phone _____

Home Phone _____ Cell Phone _____

Preferred email address _____

MEDICAL AND EMERGENCY INFORMATION

Does your child have any fears? Yes _____ No _____ If the answer is yes, please list:

Has your child had any serious illnesses/accidents? Yes _____ No _____ If the answer is yes, please list:

Is your child allergic to anything? Yes _____ No _____ If the answer is yes, please list known allergies, especially a list of foods he/she cannot have. We will need medical documentation prior to school starting.

Does your child take any medication on a regular basis? Yes _____ No _____ If yes, please list all medications:

Any other medical conditions or concerns of any kind?

IN CASE OF ILLNESS OR EMERGENCY, PLEASE LIST CONTACTS/RELATIONSHIP TO STUDENT
IN THE ORDER YOU WOULD LIKE THEM TO BE CONTACTED:

First Contact

_____ Phone _____ Relationship _____

Second Contact

_____ Phone _____ Relationship _____

Third Contact

_____ Phone _____ Relationship _____

PRESCHOOL TIME PREFERENCE AND TRANSPORTATION

Student Name: _____

Please note: Session slots are filled on an availability basis. We will do our best to meet your needs and make every attempt to enable you to have a day and a time that works best for you and your child.

*****Please Circle the Days Option You are Requesting*****

***You can circle more than one option if you are flexible on days. In that case, we will place your child in the class with the least amount of students.**

3 Year-Old:

| | Half Day (AM only) | Full Day |
|--------------------|---|---|
| 2 Days/Week | <u>\$100/Month</u> M/W OR T/Th | <u>\$200/Month</u> M/W OR T/Th |

4 Year-Old:

| | Half Day (AM only) | Full Day |
|--------------------|---|---|
| 2 Days/Week | <u>\$100/Month</u> M/W OR T/Th | <u>\$200/Month</u> M/W OR T/Th |
| 3 Days/Week | <u>\$150/Month</u> M/W/F OR T/Th/F | <u>\$300/Month</u> M/W/F OR T/Th/F |
| 5 Days/Week | <u>\$250/Month</u> M-F | <u>\$500/Month</u> M-F |

COMMENTS ABOUT TIME PREFERENCE:

School Transportation: Please complete where applicable.

General Education transportation is provided at the start of the school day and at the end of the school day **(no mid-day transportation for general education students).**

Will this student be riding Corporation/Special Ed (w/seat belts) provided bus transportation?

___ Yes ___ No

If yes:

Each day this student will be picked up at (address) _____

After school each day, this student will ride bus # _____ to (address & name)_____.

Morning session only:

Each mid-day this student will be picked up at school by _____ Phone _____