



**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 ___ (required prior to starting preschool)

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.