



JKE Preschool Registration: 2026-2027

Child's First Name: _____ Middle: _____ Last: _____

Address: _____

Birthday: _____ Age: _____ Gender: Male _____ Female _____

Preschool Class: 3 year old _____ -or- 4 year old _____

Session Preference: AM (8:00 - 11:00) _____ PM (12:00 - 3:00): _____ -or- NO Preference: _____

(Session Preference is not guaranteed)

Race: _____ White _____ American Indian/Alaska Native _____ Asian _____ Black/African American
_____ Multi/Bi-Racial _____ Hispanic/Latino _____ Native Hawaiian/Pacific Islander

Likes and Dislikes: _____

Household 1:

Parent: _____ Spouse: _____

Address: _____

Email Addresses: _____

Parent Cell Phone: _____ Spouse Cell Phone: _____

Place of Employment & Phone: _____ Spouse Work Phone: _____

Household 2 (if applicable):

Name: _____ Spouse: _____

Address: _____

Email Addresses: _____

Parent Cell Phone: _____ Spouse Cell Phone: _____

Place of Employment & Phone: _____ Spouse Work Phone: _____

Name/Age of other children in the home: _____

Emergency Contact 1: _____ Relationship to student: _____

Primary Phone: _____ Additional Phone: _____

Emergency Contact 2: _____ Relationship to student: _____

Primary Phone: _____ Additional Phone: _____



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Previous Preschool Attended: _____

Early Childhood Screening: Completed (Location and Date) _____

Primary Home Language: _____

Immunizations: Completed in MN _____ Completed outside of MN _____ Objector _____

Allergies to Food or Medication: _____

Additional Medical Information: _____

Omit Holiday Celebrations due to Religious/Ethnic Beliefs: Yes _____ No _____

Arrival & Dismissal:

How will your child get to school? Drop Off _____ City Bus _____ School Bus # _____

How will your child leave school? Drop Off _____ City Bus _____ School Bus # _____

Additional information you'd like us to know about your child:
