PINELLAS COUNTY SCHOOLS

EMPLOYEE AND COMMUNITY PRESCHOOL PROGRAM

Date of Registration _____

Registration Fee Paid _____

Child's Identification Record and Enrollment

Check One

Race: W___ White, Non-Hispanic B___ Black, Non-Hispanic

H___ Hispanic A___ Asian or Pacific Islander I___ American Indian or Alaskan Native M___ Multiracial

Child's full legal name _____
(Last) (First) (Middle)

Child's preferred name _____ Sex _____ Birthdate _____

Home Address _____ Phone _____

City _____ Zip _____

Who has legal custody? _____ Relationship _____

Parent/Guardian Name _____ Occupation _____

Place of employment _____ Phone _____

Email _____ Parent/Guardian Cell Phone _____

Parent/Guardian Name _____ Occupation _____

Place of employment _____ Phone _____

Email _____ Parent/Guardian Cell Phone _____

Emergency Contact

In the event of an emergency, what is the preferred first phone number to call. Please also note the person's name.

_____ _____
Phone Number Name

List Allergies _____

List all identifying scars, birthmarks, skin discolorations _____

_____

Is parent a Pinellas County School Board employee? _____ Yes _____ No If yes _____
Location

_____ administrative _____ instructional _____ technical/support

Other children in home: (names, ages)

Persons permitted to remove the child: Mother, ☐ Yes ☐ No Father, ☐ Yes ☐ No

Others permitted to remove child. All info must match ID used by remover.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Persons **NOT** allowed to pick up child:

Name _____ Address _____

Child's Physician _____ Phone _____

Address: _____ City _____

Child's Dentist _____ Phone _____

Address: _____ City _____

Has child had? surgery ☐ serious illness ☐ convulsions ☐ chicken pox ☐

measles ☐ accidents ☐ burns ☐ Other _____

Previous preschool or day care experience: where _____

when _____

Is there any other information that would be helpful for us to know about your child: _____

_____

Persons to be notified in case of emergency if a parent/guardian cannot be reached:

Name _____ Phone _____

Address _____ City _____

Relationship to child _____

Name _____ Phone _____

Address _____ City _____

Relationship to child _____

Other special instructions or information _____

Signature of person enrolling child _____