

PRESCHOOL CONNECTIONS REGISTRATION FORM 2018-2019

STUDENT'S NAME _____

HOME ADDRESS _____

PHONE# _____

EMAIL ADDRESS: _____

D.O.B. _____

____ MALE ____ FEMALE

PARENTS & SIBLINGS _____

1) Has your child attended Preschool Connections before?

_____ WHEN _____

2) Which day works best for you to bring your child to Preschool Connection this year? (Choose 1 day)

_____ Tuesday's 10:00-11:00 a.m.

_____ Wednesday's 10:00-11:00 a.m.

3) Who will be attending Preschool Connections with your child each week?

4) Any Allergies? _____

5) What would you like for your child to learn in our class this year?

*siblings of registered 2-3 year olds may attend. A separate registration is needed for each child attending.

Thank you!

Mrs. Andrea Kemmeter

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