

ATHOL COMMUNITY ELEMENTARY SCHOOL (ACES) • PRE - KINDERGARTEN REGISTRATION FORM

STUDENT NAME _____ Home Language _____

Male ___ Female ___ Date of Birth: _____ Place of Birth _____

Address _____

Phone _____ Cell Phone _____

Email _____ Any custodial legality (Restraining orders, custody orders, etc) the school should be aware of? Yes ___ No ___ Please submit copies of legal documents to school.

Any DCF Involvement? Yes ___ No ___ DCF Worker _____ Phone _____

With whom does the student live? (circle all that apply) Both Parents • Mom • Dad • Step Mom • Step Dad • Legal Guardian • Grandparent • Foster Parent • Other _____

Parent/Guardian #1 Name _____

Address: _____ Phone: _____ Cell _____

Employer: _____ Phone: _____

Parent/Guardian #2 Name _____

Address: _____ Phone: _____ Cell _____

Employer: _____ Phone: _____

1. List any health problems and/or allergies: _____

2. Does your child's allergies or health condition ever require immediate attention? Yes ___ No ___

3. Will your child receive medication during the school day? Yes ___ No ___

Physician name: _____ **Phone** _____

4. Does your child wear glasses, contacts orr hearing aids? Yes ___ No ___

Please check any services your child receives: Early Intervention (Reach, Criterion) _____

IEP ___ 504 ___ Speech ___ English Language Learner ___ Other _____

Has your child attended a Preschool or Child Care? Yes ___ No ___ If yes, for how long? _____

Name of your child's present or most recent school: _____

List names/schools of brothers and/or sisters: _____

Parent Signature _____ Date _____

Preschool options: 2 day am, 3 day am, 5 day am, or 4 day PM

Please choose your top three options:

1st Choice _____

2nd Choice _____

3rd Choice _____

Thank you !