

**2017-2018
 PRE-KINDERGARTEN
 REGISTRATION FORM**

- _____ Mon-Wed-Fri (all day) 8:30 - 3:00 (4 yr. old)
 _____ Mon-Wed-Fri (1/2 day) 8:30 -11:30 (4 yr. old)
 _____ Tues-Thurs (1/2 day) 8:30 -11:30 (3 yr. old)

- My child will need before school care. I would utilize after school care if HCCS offered it.

STUDENT INFORMATION

Name _____ (nickname) _____ Birthdate _____
(Must be 4 or 3 by Sept. 30)

Address _____ Sex (M) _____ (F) _____

Telephone _____ Place of Birth _____

Language Spoken at Home _____ Race _____
 Student Lives with: _____ Mother _____ Stepmother _____ Legal Guardian
 _____ Father _____ Stepfather

FAMILY INFORMATION

_____ Father's or Guardian's name _____ Religion _____ Race

_____ Father's Occupation _____ Business Address & Phone

_____ Mother's Name (First & Maiden) _____ Religion _____ Race

_____ Mother's Occupation _____ Business Address & Phone

Place of worship: _____

Other children in family:
 Name Grade

I give my permission to have my name, address and telephone number printed in the school roster.

_____ (Signature)

HCCS admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

OFFICE USE:		
_____ \$25.00 Non-refundable registration fee	_____ Pick-up Form	_____ Medical Statement
_____ Registration Form	_____ Birth Certificate (copy)	_____ Payment Sheet /FACTS Form
_____ Emergency Authorization Form	_____ Immunization Records (copy)	
_____ Health Information Sheet	_____ Administration of Medication Request (if applicable)	
_____ Information Sheet		