Preschool Open House Registration Form

School Year 2019-2020

Student's Legal Name:					
First		Middle	Last		Called Name
Date of Birth://_	Age: _	G	ender: Fei	male	Male
Students must live in the Three The district's open enrollmen					ool program.
Current Address:					
House number	and Street Name	PO Box	City	State	Zip
Home Phone:		Cell P	hone:		
Parents Information (please	provide at least 1	email addre	ss)		
Father/Guardian:	Cell Phon	e:	_ Email:		
Mother/Guardian:	Cell Phor	าe:	Email: _		
Please list brothers/sisters:					
Name	Age	Grade		School	

Special Services:

Has your child received services from Help Me Grow?	Yes	No	If so, what services:	
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Do you have any concerns about your child's development at this time?							
(speech and language, fine motor, gross motor, behavior, etc.)YesI							
If yes, please explain:							
School History							
Has your child attended preschool before? Yes No Name of Program:							
Preschool SessionsAM 9:00am-11:45amPM 12:45pm-3:30pm							
I would like my child to be considered for a spot in the morning session							
I would like my child to be considered for a spot in the afternoon session							
My child could attend either session.							
Transportation is NOT GUARANTEED AT THIS TIME and there is NO busing within 1 mile of schoo							
(please mark all the apply)							
I would like my child to ride the bus <u>if possible</u> to and from school.							
I will transport my child to OR from school if they can ride the bus one way.							
I will transport my child to and from school each day.							
*If you have any questions please feel free to contact one of the following staff members: Debbie Williams- <u>Dwilliams@trlsd.org</u> , Nicole Fleek- <u>Nfleek@trlsd.org</u> , Miranda Hoffman- <u>Mhoffman@trlsd.org</u>							

Please return this form to the **Elementary Office by** <u>Friday, February 1st to schedule a</u> time for Friday, February 8th to come in for the Preschool Open House and Informational Meeting.