



**PENN-HARRIS-MADISON SCHOOL CORPORATION
STUDENT REGISTRATION FORM**

Please Print

**Penn PALS
Community Preschool**

You must be a resident of the Penn-Harris-Madison School Corporation to attend the Penn PALS Community Preschool

Today's Date _____

Penn PALS Community Preschool Location and Attendance Choice
(Please choose one age group and class time):

OFFICE USE ONLY

SCHOOL YEAR _____ ENROLLMENT DATE _____

PHM STUDENT ID# _____ INDIANA STN # _____

\$60 Non Refundable Fee Paid? YES NO
Payable to P-H-M School Corporation

Check #: _____

Fee forwarded to ESC? YES NO

Bittersweet:

Two/Three Year Olds (child must be two by March 1, 2018)
 Tuesday, Thursday 9:00 a.m. – 11:30 a.m.

Three/Four Year Olds (child must be three by September 1, 2018)
 Monday, Wednesday, Friday 9:00 a.m. – 11:30 a.m.

3 1/2-Five Year Olds (child must be 3 1/2 by September 1, 2018)
 Tuesday, Wednesday, Thursday 12:30 p.m. – 3:00 p.m.

Four/Five Year Olds (child must be four by September 1, 2018)
 Monday - Thursday 9:00 a.m. – 11:30 a.m.
 Monday - Thursday 12:30 p.m. – 3:00 p.m.

Mary Frank:

Two/Three Year Olds (child must be two by March 1, 2018)
 Tuesday, Thursday 9:00 a.m. – 11:30 a.m.

Three/Four Year Olds (child must be three by September 1, 2018)
 Monday, Wednesday, Friday 9:00 a.m. – 11:30 a.m.
 Tuesday, Wednesday, Thursday 12:30 p.m. – 3:00 p.m.

Four/Five Year Olds (child must be four by September 1, 2018)
 Monday - Thursday 9:00 a.m. – 11:30 a.m.
 Monday - Thursday 12:30 p.m. – 3:00 p.m.

Elm Road:

Three Year Olds (child must be three by September 1, 2018)
 Tuesday, Thursday 9:00 a.m. – 11:30 a.m.

3 1/2-Five Year Olds (child must be 3 1/2 by September 1, 2018)
 Monday, Wednesday, Friday 9:00 a.m. – 11:30 a.m.

Four/Five Year Olds (child must be four by September 1, 2018)
 Monday - Thursday 12:30 p.m. – 3:00 p.m.

Elsie Rogers:

Two/Three Year Olds (child must be two by March 1, 2018)
 Tuesday, Thursday 9:00 a.m. – 11:30 a.m.

Three/Four Year Olds (child must be three by September 1, 2018)
 Monday, Wednesday, Friday 9:00 a.m. – 11:30 a.m.

3 1/2-Five Year Olds (child must be 3 1/2 by September 1, 2018)
 Tuesday, Wednesday, Thursday 12:15 p.m. – 2:45 p.m.

Four/Five Year Olds (child must be four by September 1, 2018)
 Monday - Thursday 9:00 a.m. – 11:30 a.m.
 Monday - Thursday 12:15 p.m. – 2:45 p.m.

STUDENT INFORMATION: Male Female Nickname (optional) _____

LEGAL FIRST NAME _____ LEGAL MIDDLE NAME _____ LEGAL LAST NAME _____

Date of Birth _____ Type of Documentation _____

Place of Birth _____
CITY STATE COUNTY/COUNTRY

GUARDIAN(S) STUDENT LIVES WITH:

Name: _____ Relationship _____

Work #: _____ Cell #: _____ Place of Employment _____

Name: _____ Relationship _____

Work #: _____ Cell #: _____ Place of Employment _____

HOME STREET ADDRESS _____ APT/LOT# _____ CITY _____ STATE _____ ZIP _____

Primary Contact Phone #: _____ (Used for emergency contact and School Messenger)

Primary Contact Email _____

GUARDIAN INFORMATION (for Guardian NOT living with the student):

Name of Guardian **NOT** living with Student: _____ Relationship: _____
 Home #: _____ Work #: _____ Cell #: _____
 Mailing Address: _____
HOME STREET ADDRESS APT/LOT#CITY STATE ZIP
 Email Address: _____ Place of Employment: _____

SIBLINGS:

NAME _____ GRADE/AGE ____/____ SCHOOL _____
 NAME _____ GRADE/AGE ____/____ SCHOOL _____
 NAME _____ GRADE/AGE ____/____ SCHOOL _____
 NAME _____ GRADE/AGE ____/____ SCHOOL _____

The US Department of Education requires all states to collect information on the race and ethnicity of public school students. Please answer both questions below.

Department of Education Ethnicity:

Is this student Hispanic or Latino? (Choose only one) YES NO

Department of Education Race:

What is the student's race? (Choose all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

LAST SCHOOL ATTENDED:

School Name: _____
 School Address: _____
STREET ADDRESS CITY STATE ZIP
 Phone #: _____ Fax #: _____

ADDITIONAL INFORMATION:

Does this student receive speech services? YES NO
 Does this student have an IEP? YES NO
 Does this student have a 504 Plan? YES NO
 Does this student receive English Language Learner services? YES NO
 Are there any Court Documents including but not limited to the custody of the Child? YES NO
 If YES, a copy of Court Documents must be on file in the School Office for the School to comply.
 Is there a court order against any individual in contact with this student? YES NO
 If YES, please provide the individuals name: _____

 Signature of Person Completing this Form Relationship to Student Date