Dubois Pre-K Registration

Student Information

First Name *

Last Name *

Gender *
- Female
- Male

Birth Date *

Month
Day
Year

Home Phone *

Area Code
Phone Number

Address *

Street Address

Street Address Line 2

City

Postal / Zip Code
Parent/Guardian Information 1

Full Name *
First Name
Last Name

Home *
Area Code
Phone Number

Cell
Area Code
Phone Number

Work
Area Code
Phone Number

E-mail *

Address - Same As Child *
Yes
No

If your address is different than the child's please fill out the info below. Otherwise move onto the next section.

Parent/Guardian 1 Address
Street Address
Street Address Line 2
City
Postal / Zip Code
Parent/Guardian Information 2

<table>
<thead>
<tr>
<th>Full Name</th>
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<tbody>
<tr>
<td>First Name</td>
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<td>Last Name</td>
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<tr>
<th>Home</th>
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<tr>
<td>Area Code</td>
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</table>
Other Information

Is your child immunized? *
- [ ] Yes
- [ ] No

Does your child have any allergies? *
- [ ] Yes
- [ ] No

If yes please list, including any food or drug allergies.

Does your child have any medical conditions?

Does your child require any medication? If yes, please list these medications.

Do you authorize us to administer the medications listed above?
- [ ] Yes
- [ ] No

Please list the people authorized to pick up your child.

Comments
Emergency Contact - Other than Parent/Guardian

Full Name *

First Name

Last Name

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Home *

Area Code

Phone Number

Cell

Area Code

Phone Number

Work

Area Code

Phone Number