

Reeves Preschool

Registration Form

The following documents are required to complete registration for the Reeves Preschool Program:

- Registration Form Registration Fee \$75 Student Data Form
 Birth Certificate (copy) Classroom Data Form
 Student Pick up/Emergency Contact Emergency Information Form
 Records of most recent physical exam, immunizations, & including lead level. (copy)
 Action plan and Doctor's orders for food allergies (if necessary)

Classroom Options

Pre-Kindergarten: (Age 4 to 5, entering K following year)

Monday through Friday- 8:45 to 11:30 AM - \$400 per month

Monday/Wednesday/Friday- 12:15 to 3:00 PM - \$240 per month

Preschool: (Age 3 to 4, must be 3 by September 1st)

Tuesday/Thursday- 12:15 to 3:00 PM - \$160 per month

***All checks or money orders can be made payable to the Woburn Public Schools**

***A non-refundable registration fee of \$75 is required at time of registration and will only be deposited if a student is accepted to the Preschool Program.**

Student Contact Information:

First

Middle

Last

Child's Name: _____

Date of Birth: _____ **Country of Birth:** _____

Child's Address: _____

Telephone: _____

Parent(s) Names: _____

Ethnic Group: (Please check one)

White (Not Hispanic Origin)

Asian or Pacific Islander

American Indian or Alaskan Native

Black (Not Hispanic Origin)

Hispanic

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Student Data Form

Child's Name: _____

Date of Birth: _____

What would you like your child to be called? _____

Child's Physician: _____

Physician Telephone: _____

Does your child have any Allergies? If so, what?: _____

Does your child take medication? If so, for what? _____

Mother/Guardian's Name: _____

Mother/Guardian's Address: _____

Mother/Guardian's Telephone: Home: _____ **Cell:** _____

Mother/Guardian's Email: _____

Father/Guardian's Name: _____

Father/Guardian's Address: _____

Father/Guardian's Telephone: Home: _____ **Cell:** _____

Father/Guardian's Email: _____

With whom does the child reside? _____

Please list the child's siblings:

Name	Age	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

Father's Place of Employment: _____

Telephone: _____

Mother's Place of Employment: _____

Telephone: _____

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Classroom Data Form

Child's Name: _____

Child's Primary Language: _____

Has your child attended Nursery School or Preschool? _____

Child's Likes: _____

Child's Dislikes: _____

Please list any important information you feel we should know about your child:

Classroom Permissions

Pictures:

_____ My child may be photographed when in school.

_____ My child may not be photographed when in school.

_____ Parent Signature

Walking Outside:

_____ My child may go outside and walk around with their class.

_____ My child may not go outside and walk around with their class.

_____ Parent Signature

Nut Free Zone:

Our classroom is a nut free zone. When sending in snacks please read labels so that your child's snack does not contain any nuts, peanuts, peanut oil, peanut butter or traces of peanut products.

I understand the policy of nut free snacks.

_____ Parent Signature

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Student Pick-up/Emergency Contact

Child's Name: _____

The following person/people may pick up my child from school:

Name	Relationship to student	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event of an EMERGENCY, if the parents cannot be reached, the following people may be contacted:

Name	Relationship to student	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Parent Signature: _____