

Dike & New Hartford Preschool Registration Form

Date and Time Rcvd: _____

(for office use) **18-19**

Name _____
(Last) (First) (Middle) (first name used)

Social Security # _____ Birthplace _____ Birthdate ____ - ____ - ____

Home Address _____
(Street) (Box #) (City) (Zip Code)

Home Phone _____ Dad's Cell _____ Mom's Cell _____

Email (s) _____

Babysitter name _____ Babysitter phone number _____

**3 Year Old Program _____ Dike: T F 8:30-11:00 / NH: M Th 8:30-11:00

4 Year Old Program ----- **Dike: AM- M-Th, 8:15-11:15 PM- M-Th 12:20-3:20
I prefer am ____ pm ____ (First come, first serve so please indicate your preference)
NH: PM only M-Th 12:20-3:20 _____

5 Year Old Program _____ Your child will be considered "Pre-Kindergarten" if they are 5 before **Sept. 15.
PM 12:00-3:30 (Dike and NH)

Home and Family Background

Father's Name _____ Address _____

Father Employed @ _____ Work Phone _____

Mother's Name _____ Address _____

Mother Employed @ _____ Work Phone _____

Student is living with: Both parents _____ Father only _____ Mother only _____

Mother and stepfather _____ Father and stepmother _____ Other _____

Brothers and/or sisters names & birthdates: _____

Emergency Contact, name and #: _____

Parent Signature: _____

Date: _____