PINELLAS COUNTY SCHOOLS EMPLOYEE AND COMMUNITY PRESCHOOL PROGRAM

List all identifying scars, birthmarks, skin discolorations ______

____instructional

	Date of Reg	istration		
	Registration	Registration Fee Paid		
Child's Identific	cation Record and Enrollment			
Check One				
Race: W White, Non-Hispanic B Black	x, Non-Hispanic			
I Hispanic A Asian or Pacific Islander	I American Indian or Alaskan Native	M Multiracial		
Child's full legal name(Last)				
(Last)	(First)	(Middle)		
Child's preferred name	SexBirth	date		
dome Address	Pho	ne		
City	Zip			
Vho has legal custody?	Rela	tionship		
arent/Guardian Name	Occupation			
Place of employment	Pho	ne		
imail	Parent/Guardian Cell Phor	ne		
arent/Guardian Name	Occupation			
Place of employment	Pho	ne		
	Parent/Guardian Cell Phone			
Emergency Contact				
n the event of an emergency, what is the preferred first p	phone number to call. Please also note the	e person's name.		

____ No If yes ____

technical/support

Other children in home: (names, ages)

_____ administrative

Is parent a Pinellas County School Board employee? _____Yes

List Allergies ____

Location

Persons permitted to remove the child: Mother,	Yes	No	Father,	Yes	No			
Others permitted to remove child. All info must match ID used by remover.								
NameAddress	·	Phone						
NameAddress	·	Phone						
NameAddress	·		Phone					
NameAddress	·			Phone				
Persons NOT allowed to pick up child:								
NameAddress	i							
Child's Physician				Phone				
Address:			(City				
Child's Dentist				Phone				
Address:			(City				
Has child had? surgery serious illness	_ convul:	sions	chicken pox					
measles accidents burns	Other							
Previous preschool or day care experience: where								
when								
Is there any other information that would be helpful for								
is there any other information that would be helpful for	us to k	now about	your ciliu					
Persons to be notified in case of emergency if a parent	t/guardi:	an cannot h	e reached:					
Name				Phone				
Address								
Relationship to child								
Name								
Address								
Relationship to child								
Other special instructions or information								
Signature of person enrolling child								