



2024

Morris School Preschool Registration Form

Please print.

Name of Child: _____

Name of Legal Parent(s) or Guardian(s): _____

Child's Date of Birth: MM/DD/YYYY _____

Address: _____ Section/Township/Range: _____

Town: _____ Box # or RR#: _____

Postal Code: _____

Who can we contact during the day if needed? (Please circle to correct phone type)

Home/Cell/Work #: _____ Parent Name: _____

Home/Cell/Work #: _____ Parent Name: _____

Home/Cell/Work #: _____ Parent Name: _____

Emergency Contact (**Other than parents or guardians**) during the day:

Name: _____ Relationship to Child: _____

Home/Cell/Work #: _____

Additional Home/Cell/Work #: _____

Does your child have any medical conditions, allergies, etc. we should be aware of?

No _____

Yes _____ If so, please provide more information below:

With Preschool, we require that parents/guardians sign their child in and out every Tuesday/Thursday.

Please indicate a maximum of 4 adults who may be dropping off or picking your child up for Preschool.

1. Name: _____ Relation: _____

2. Name: _____ Relation: _____

3. Name: _____ Relation: _____

4. Name: _____ Relation: _____

Any additional note that is needed for pick-ups/drop-offs:

If there is anything else you would like to tell us about your child, please let us know:

I release my child's name and/or picture and/or school work in situations that are school approved, including, but not limited to media, school newsletters, awards, and school web pages

Provide emergency medical assistance (including the use of an ambulance) if necessary

Please provide both Parent signatures:

Parent Name (Please Print)

Parent Signature

Parent Name (Please Print)

Parent Signature

Preschool Student Info Sheet

Child's Full Name: _____

What do you want your child to be called at school? _____

Child's Siblings (this will help us spell their names on their artwork):

Family Pets: _____

What are your child's favorite snack foods? _____

What are your child's favorite things? _____

What activities does your child like to do? _____

What are your child's dislikes (food, activities, other)? _____

What comforts your child when he/she is upset? _____

Does your family speak any other languages at home? We would love to celebrate this in the classroom!
