

Knowlton Township Pre-school Program Enrollment Form

Child's Name: _____ Sex: _____
Last Name First Name Middle Name

Mailing Address: _____

Street Address: _____ Phone: _____

Birthplace: _____ Birth Date: _____

City State Country
Birth Certified By: Birth Certificate _____ Transfer _____

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

Race: White _____, Black /African American _____, Asian _____,
Hawaiian/Pacific Islander (Guam, Samoa) _____, American Indian/Alaskan Native _____

Father's Name: _____ Place of Birth: _____

Father's Cell Phone: _____

Mother's Name: _____ Place of Birth: _____

Mother's Cell Phone: _____

Citizen: Father: Yes / No Mother: Yes / No Language Spoken at Home: _____

Father's Occupation: _____ Mother's Occupation: _____

Father's Business Address: _____ Phone: _____

Mother's Business Address: _____ Phone: _____

Child resides with: Both Parents _____ Mother _____ Father _____ Guardian/Other _____

Email Address(es) to use for School Communications:

List of Other Children In Family

Birth Dates: Month / Day / Year

Pre-School Experience: (Nursery School, etc.)

Name of School or Program _____

Address: _____
Street City State

When Attended: _____
From To

To complete registration, please provide:

- Enrollment form
- Health form
- Physical form(filled out by physician)
- Copy of birth certificate
- Proof of residency: Lease _____ Deed _____ Utility Bill _____ Other _____