



16001 A Street South * Spanaway, WA 98387
P. O. Box 1300 * (253) 531-7000

PRESCHOOL REGISTRATION FORM 2018 -2019

CLASS: Pre-Kindergarten (3-5)

I prefer (check all that apply): Morning (9:00-11:30) Afternoon (1:00-3:30)

STUDENT INFORMATION

Child's Full Name (last, first middle initial)

Name to be used at school

Birthdate (month, day, year)

Place of Birth (City & State)

Home Address

Home Phone

Cell / Emergency Phone

City

Zip

Primary E-mail Address

PARENT'S INFORMATION

PARENT'S INFORMATION

Parent's Full Name (last, first middle initial)

Parent's Full Name (last, first middle initial)

Parent's Home Address

Parent's Home Address

Home Phone

Cell Phone

Home Phone

Cell Phone

Parent's E-mail Address

Parent's E-mail Address

Parent's Occupation

Parent's Occupation

Parent's Employer

Parent's Employer

Office Use Only

Date Registration Received _____

Registration Fee (amt/check #) _____

Immunization Complete _____

Missing Forms _____