



**PENN-HARRIS-MADISON SCHOOL CORPORATION  
STUDENT REGISTRATION FORM**

**Penn PALS  
Community Preschool**

Please Print

**You must be a resident of the Penn-Harris-Madison School Corporation to attend the Penn PALS Community Preschool**

Today's Date \_\_\_\_\_

Penn PALS Community Preschool Location and Attendance Choice  
(Please choose one age group and class time):

OFFICE USE ONLY

SCHOOL YEAR \_\_\_\_\_ ENROLLMENT DATE \_\_\_\_\_

PHM STUDENT ID# \_\_\_\_\_ INDIANA STN # \_\_\_\_\_

\$60 Non Refundable Fee Paid? YES  NO   
Payable to P-H-M School Corporation

Check #: \_\_\_\_\_

Fee forwarded to ESC? YES  NO

<b>Bittersweet:</b>  <b>Two/Three Year Olds</b> (child must be two by March 1, 2019) <input type="checkbox"/> Tuesday, Thursday 9:00 a.m. – 11:30 a.m. <b>Three/Four Year Olds</b> (child must be three by September 1, 2019) <input type="checkbox"/> Monday, Wednesday, Friday 9:00 a.m. – 11:30 a.m. <b>3 1/2-Five Year Olds</b> (child must be 3 1/2 by September 1, 2019) <input type="checkbox"/> Tuesday, Wednesday, Thursday 12:30 p.m. – 3:00 p.m. <b>Four/Five Year Olds</b> (child must be four by September 1, 2019) <input type="checkbox"/> Monday - Thursday 9:00 a.m. – 11:30 a.m. <input type="checkbox"/> Monday - Thursday 12:30 p.m. – 3:00 p.m.	<b>Mary Frank:</b>  <b>Two/Three Year Olds</b> (child must be two by March 1, 2019) <input type="checkbox"/> Tuesday, Thursday 9:00 a.m. – 11:30 a.m.  <b>Three/Four Year Olds</b> (child must be three by September 1, 2019) <input type="checkbox"/> Monday, Wednesday, Friday 9:00 a.m. – 11:30 a.m. <input type="checkbox"/> Tuesday, Wednesday, Thursday 12:30 p.m. – 3:00 p.m.  <b>Four/Five Year Olds</b> (child must be four by September 1, 2019) <input type="checkbox"/> Monday - Thursday 9:00 a.m. – 11:30 a.m. <input type="checkbox"/> Monday - Thursday 12:30 p.m. – 3:00 p.m.
<b>Elm Road:</b>  <b>Three Year Olds</b> (child must be three by September 1, 2019) <input type="checkbox"/> Tuesday, Thursday 9:00 a.m. – 11:30 a.m.  <b>3 1/2-Five Year Olds</b> (child must be 3 1/2 by September 1, 2019) <input type="checkbox"/> Monday, Wednesday, Friday 9:00 a.m. – 11:30 a.m.  <b>Four/Five Year Olds</b> (child must be four by September 1, 2019) <input type="checkbox"/> Monday - Thursday 12:30 p.m. – 3:00 p.m.	<b>Elsie Rogers:</b>  <b>Two/Three Year Olds</b> (child must be two by March 1, 2019) <input type="checkbox"/> Tuesday, Thursday 9:00 a.m. – 11:30 a.m.  <b>Three/Four Year Olds</b> (child must be three by September 1, 2019) <input type="checkbox"/> Monday, Wednesday, Friday 9:00 a.m. – 11:30 a.m. <b>3 1/2-Five Year Olds</b> (child must be 3 1/2 by September 1, 2019) <input type="checkbox"/> Tuesday, Wednesday, Thursday 12:15 p.m. – 2:45 p.m.  <b>Four/Five Year Olds</b> (child must be four by September 1, 2019) <input type="checkbox"/> Monday - Thursday 9:00 a.m. – 11:30 a.m. <input type="checkbox"/> Monday - Thursday 12:15 p.m. – 2:45 p.m.

**STUDENT INFORMATION:**  Male  Female Nickname (optional) \_\_\_\_\_

LEGAL FIRST NAME \_\_\_\_\_ LEGAL MIDDLE NAME \_\_\_\_\_ LEGAL LAST NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_ Type of Documentation \_\_\_\_\_

Place of Birth \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY/COUNTRY \_\_\_\_\_

**GUARDIAN(S) STUDENT LIVES WITH:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Place of Employment \_\_\_\_\_

HOME STREET ADDRESS \_\_\_\_\_ APT/LOT# \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Contact Phone #: \_\_\_\_\_ (Used for emergency contact and School Messenger)

Primary Contact Email \_\_\_\_\_

**GUARDIAN INFORMATION (for Guardian NOT living with the student):**

Name of Guardian **NOT** living with Student: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
HOME STREET ADDRESS APT/LOT#CITY STATE ZIP  
 Email Address: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**SIBLINGS:**

NAME \_\_\_\_\_ GRADE/AGE \_\_\_\_/\_\_\_\_ SCHOOL \_\_\_\_\_  
 NAME \_\_\_\_\_ GRADE/AGE \_\_\_\_/\_\_\_\_ SCHOOL \_\_\_\_\_  
 NAME \_\_\_\_\_ GRADE/AGE \_\_\_\_/\_\_\_\_ SCHOOL \_\_\_\_\_  
 NAME \_\_\_\_\_ GRADE/AGE \_\_\_\_/\_\_\_\_ SCHOOL \_\_\_\_\_

The US Department of Education requires all states to collect information on the race and ethnicity of public school students. Please answer both questions below.

**Department of Education Ethnicity:**

Is this student Hispanic or Latino? (Choose only one)  YES  NO

**Department of Education Race:**

What is the student's race? (Choose all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**LAST SCHOOL ATTENDED:**

School Name: \_\_\_\_\_  
 School Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Does this student receive speech services?  YES  NO  
 Does this student have an IEP?  YES  NO  
 Does this student have a 504 Plan?  YES  NO  
 Does this student receive English Language Learner services?  YES  NO  
 Are there any Court Documents including but not limited to the custody of the Child?  YES  NO  
 If YES, a copy of Court Documents must be on file in the School Office for the School to comply.  
 Is there a court order against any individual in contact with this student?  YES  NO  
 If YES, please provide the individuals name: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Person Completing this Form Relationship to Student Date