



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

Please Print

**Penn PALS  
Community Preschool**

**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

|  |   |
|--|---|
| <p><b>Bittersweet:</b></p> <p><b>Two/Three Year Olds</b> (child must be two by March 1, 2016)<br/><input type="checkbox"/> Tuesday, Thursday 9:00 a.m. – 11:30 a.m.</p> <p><b>Three/Four Year Olds</b> (child must be three by September 1, 2016)<br/><input type="checkbox"/> Monday, Wednesday, Friday 9:00 a.m. – 11:30 a.m.</p> <p><b>Three-Five Year Olds</b> (child must be three by September 1, 2016)<br/><input type="checkbox"/> Tuesday, Wednesday, Thursday 12:30 p.m. – 3:00 p.m.</p> <p><b>Four/Five Year Olds</b> (child must be four by September 1, 2016)<br/><input type="checkbox"/> Monday - Thursday 9:00 a.m. – 11:30 a.m.<br/><input type="checkbox"/> Monday - Thursday 12:30 p.m. – 3:00 p.m.</p> | <p><b>Mary Frank:</b></p> <p><b>Two/Three Year Olds</b> (child must be two by March 1, 2016)<br/><input type="checkbox"/> Tuesday, Thursday 9:00 a.m. – 11:30 a.m.</p> <p><b>Three/Four Year Olds</b> (child must be three by September 1, 2016)<br/><input type="checkbox"/> Monday, Wednesday, Friday 9:00 a.m. – 11:30 a.m.<br/><input type="checkbox"/> Tuesday, Wednesday, Thursday 12:30 p.m. – 3:00 p.m.</p> <p><b>Four/Five Year Olds</b> (child must be four by September 1, 2016)<br/><input type="checkbox"/> Monday - Thursday 9:00 a.m. – 11:30 a.m.<br/><input type="checkbox"/> Monday - Thursday 12:30 p.m. – 3:00 p.m.</p>   |
| <p><b>Elm Road:</b></p> <p><b>Two/Three Year Olds</b> (child must be two by March 1, 2016)<br/><input type="checkbox"/> Tuesday, Thursday 9:00 a.m. – 11:30 a.m.</p> <p><b>Three/Four Year Olds</b> (child must be three by September 1, 2016)<br/><input type="checkbox"/> Monday, Wednesday, Friday 9:00 a.m. – 11:30 a.m.</p> <p><b>Four/Five Year Olds</b> (child must be four by September 1, 2016)<br/><input type="checkbox"/> Monday - Thursday 12:30 p.m. – 3:00 p.m.</p>   | <p><b>Elsie Rogers:</b></p> <p><b>Two/Three Year Olds</b> (child must be two by March 1, 2016)<br/><input type="checkbox"/> Tuesday, Thursday 9:00 a.m. – 11:30 a.m.</p> <p><b>Three/Four Year Olds</b> (child must be three by September 1, 2016)<br/><input type="checkbox"/> Monday, Wednesday, Friday 9:00 a.m. – 11:30 a.m.<br/><input type="checkbox"/> Tuesday, Wednesday, Thursday 12:15 p.m. – 2:45 p.m.</p> <p><b>Four/Five Year Olds</b> (child must be four by September 1, 2016)<br/><input type="checkbox"/> Monday - Thursday 9:00 a.m. – 11:30 a.m.<br/><input type="checkbox"/> Monday - Thursday 12:15 p.m. – 2:45 p.m.</p> |

**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 \_\_\_\_\_

**STUDENT LIVES WITH:**

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

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

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

Mailing Address, if different than Lives With address \_\_\_\_\_

Primary Contact Phone #: \_\_\_\_\_ (This number will be used for emergency contact and School Messenger)

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

Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**GUARDIAN INFORMATION:**

Name of Guardian not living with Student: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
STREET ADDRESS APT/LOT# CITY STATE ZIP

**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 #: \_\_\_\_\_

Does this student have an IEP? YES  NO

Does this student have a 504 Plan? YES  NO

Is there a court order against any individual in contact with this student? YES  NO

If YES, please provide the individuals name: \_\_\_\_\_

*A copy of Court Documents must be on file in the School Office for the School to comply. This includes, but is not limited to, court documents regarding custody of the student.*

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