

School Year: 15/16

## Soaring Eagles Private Pay Preschool Registration Form

**Class Time:** FULL DAY: 7:30am-5:30pm/ ½ DAY: 7:30-11:45am/ ¾ DAY: 7:30-2:00pm/ AFTERNOON: 11:45-5:30pm

<b>Enrolling Child's Name:</b>	<b>Birth Date:</b>	<b>Gender:</b> Male / Female	<b>Fully Potty Trained:</b> Yes/ No  Date:
--------------------------------	--------------------	---------------------------------	---

What Language(s) does the child speak?

Areas of needs to be aware of: Visual or Hearing etc...

Health Information: Allergies, Medications:

Areas of Strengths include:  
General Disposition:

<input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> Foster Parent	First and Last Name:	Phone Number:
---	----------------------	---------------

E-mail:

<input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> Foster Parent	First and Last Name:	Phone Number:
---	----------------------	---------------

E-mail:

Address:	City:	State:	Zip:
----------	-------	--------	------

Have other Siblings Attended Soaring Eagles Private Pay Preschool?      Yes / No

If so please list their names:

Does Your Child Nap?

For How Long?

Please provide a crib/toddler sheet and blanket that fits in cubby (and lovie if needed)

Please remember your child needs an extra set of clothes in their cubby at all times:

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Teacher Use Only:**

- Enrollment Packet Signed
- Immunization Records
- Birth Certificate
- Physicians Report (Physical)

Family Registration Fee: \$75  
Paid to District Office

**Official Use Only:**  
Family Registration Fee Paid:

\_\_\_\_\_  
Signature