School Year: 2018-2019

## Meadow Lane State Preschool Registration Form

Enrolling Child's Name:	Birth [	Date:	Gender:			Fully Potty Trained: Yes / No
Age:			Male / Female			Date:
What Language(s) does the child speak?						
Areas of need to be awa	re of (Vis	sual or Hearing, et	c.)			
Health Information: Allergies, Medication:						
Areas of strength include	e:					
General Disposition:						
Parent/Guardian/Foster Parent First and Last Information			lame Phone		Phone	Number
Are you receiving TANF/Cash Aid/No Income: Yes / No Amount:\$						
Family Size: Email:						
Gross Earnings Before Taxes		Source:			\$	
Gross Earnings Before Taxes		Source:		\$		
Address: City		City: State:			Zip:	
List all other Children living at home:	Gender:		Birthdate:			Is Child receiving CFS Services:
	Male	Female				
Male Fer		Female				
	Male	Female				
	•		•			
Signature				Date		