

Meadow Lane State Preschool Registration Form

Enrolled Child's Name:	Birth Date: Age:	Gender: Male Female	Fully Potty Trained: Yes NO Date:
What language(s) does the child speak?			
Areas of need to be aware of (Visual or hearing, etc.)			
Health Information (Allergies, Medication):			
Areas of strength include:			
General Disposition:			
Parent/Guardian/Foster Parent Information:	First and Last Name:	Phone Number:	
Are you receiving TANF / Cash Aid / No Income: YES NO Amount: \$			
Family Size:		Email:	
Gross Earning Before Taxes:	Source:	\$	
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Address:	City:	State/Zip Code:	
List all children living at the home:	Gender:	Birthdate:	Is your child receiving CFS Services: