



Pre-K Registration Form

2025 - 2026 School Year

Child's Information			
Child's Last Name:	First:	Middle Initial:	
Social Security #:	D.O.B.(MM-DD-YYYY):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Home Address:			
City:	State: AR	County:	Zip: Home: ()
Check One: <input type="checkbox"/> Car Rider <input type="checkbox"/> Daycare		Race(See Codes): _____	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

Race Codes: A = Asian American B = Black/African American H = Hawaiian/Pacific Islander I = American Indian or Alaskan Native
W = White/Causasian O = Other

Parent/Guardian Information			
Primary Care Giver Information (Parent or guardian with most contact with child)			
Last Name:	First:	Middle Initial:	
Home Address (If different from child's)			
City:	State: AR	County:	Zip:
Social Security #:	D.O.B.(MM-DD-YYYY):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Home Phone / Cell: ()	Work Phone: ()	Message Phone: ()	
Highest Level of Education or Training Completed	Race(See Codes): *See Above	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Current / Valid Email Address:			Primary Language

Secondary Care Giver			
Last Name:	First:	Middle Initial:	
Home Address (If different from child's)			
City:	State: AR	County:	Zip:
Social Security #:	D.O.B.(MM-DD-YYYY):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Home Phone / Cell: ()	Work Phone: ()	Message Phone: ()	
Highest Level of Education or Training Completed	Race(See Codes): *See Above	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Current / Valid Email Address:			Primary Language

EMPLOYMENT / INCOME INFORMATION:			
Parent / Custodian Name:	Employed / Weekly Hours Worked	How often Paid	
	<input type="checkbox"/> Yes <input type="checkbox"/> No / Hours worked _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly
	<input type="checkbox"/> Yes <input type="checkbox"/> No / Hours worked _____	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Once Monthly
	<input type="checkbox"/> Yes <input type="checkbox"/> No / Hours worked _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly
	<input type="checkbox"/> Yes <input type="checkbox"/> No / Hours worked _____	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Once Monthly

I UNDERSTAND THAT BASED ON MY HOUSEHOLD INCOME I MAY BE REQUIRED TO PAY TUITION FOR MY CHILD TO ATTEND CABOT PRE-K _____

PARENT SIGNATURE

Child Maintenance				
Child's Living Arrangements:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other
Child's Legal Guardian:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other

PLEASE COMPLETE SIDE 2

Household Information - List ALL Family Members Living in Household INCLUDING the PRE-K Child

How many people live in your household? _____ # of Parents in home: _____

Name	Relationship	Age	Date of Birth

Emergency Contact Information Someone Other Than Guardian

Name: _____ Relationship to Student: _____
 Day Time Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: () _____ Day Time Phone () _____ Cell: () _____

This child may be released to the persons listed on Side 1 or to the following:

Name: _____	Address: _____	Phone: () _____
Name: _____	Address: _____	Phone: () _____
Name: _____	Address: _____	Phone: () _____
Name: _____	Address: _____	Phone: () _____
Name: _____	Address: _____	Phone: () _____

Child Information

Does your child receive any services? YES NO
 If yes, for what? Speech OT PT Developmental Behavior Counseling
 If yes, name of provider: _____ How long receiving services? _____
Please provide a copy of your child's most current evaluation or IEP
 Is your child toilet trained? YES NO Does your child nap daily? YES NO
 Has your child attended? Daycare YES NO Mother's Day Out YES NO enrolled in HIPPO YES NO
 If yes, name of provider: _____

Other information about your child that will help us to better meet your child's needs:

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a Pre-K class. If my child is placed in the Pre-Kindergarten Program, I agree that my child will attend the program for 7 hours each day, 5 days a week, for the 178-day school year. I understand that failure to comply with these attendance requirements could result in my child being excused from the program. I understand that I cannot register my child without a completed enrollment package.

Signature Parent/Guardian: _____ **Date:** _____