



2019-2020  
Humphrey Public Preschool  
Registration Form  
Student Information

Student Name:

Last: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

Resident of the district?      Yes      No

What age group is your child enrolling in?      3 years      4 years

Does your child have a verified disability?      Yes      No

Has your child attended a preschool before?      Yes      No

If yes, which preschool did they attend? \_\_\_\_\_

Is your child potty trained?      Yes      No

Are the parents 18 years or older?

Yes      No

Are there any siblings in the household?      Yes      No

If yes, please list the siblings in the household and dates of birth.

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**Note: All students must be potty trained before the first day of preschool.**

## Parent Information

### MOTHER:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### FATHER:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Please deliver the application to Mr. King or Mr. Sjuts in the office, if neither are available, please deliver to Amanda Veik. Applications will be marked with the date and time as they are received. Mailed in forms will not be accepted. The deadline for the preschool registration form is 3:30 p.m. on Monday, April 8, 2019. Applications turned in after this date may not qualify.**

If you have any questions, please contact:

Mr. Greg Sjuts, Superintendent

(402) 923-1230

Mr. Brice King, PK-12 Principal

Mrs. Emily Droscher, Pre-School Teacher

Date: _____
Time: _____
Received by: _____