

2022-2023 Humphrey Public Preschool Registration Form

Student Information

| Student Name: Last: | First | | _ Middle | | |
|--|----------------------|--------------------|----------------------------------|---------------|--------|
| Street Address: | | City: | Zip: | | |
| Gender: Birth o | late: A | ge as of Jul | y 31, 2022 _ | _Years | Months |
| Resident of the district? If no, parents must sign Kindergarten year to be | the Option Enroll | ment Form | _ | _ | n. |
| Rule 11 requires us to bring one with you. | have a copy of yo | our child's | Birth Certif | ficate, pleas | se |
| What age group is your | child enrolling in? | | Born Aug. 1, 2 Born Aug. 1, 2 | | - |
| Does your child have a | verified disability? | Yes | No | | |
| Has your child attended a preschool before? | | e? Yes | No | | |
| If yes, which preschool | did they attend? _ | | | | |
| s your child potty trained? | | Yes | No | | |
| Note: All students mu | st be potty traine | ed before t | he first day | of prescho | ol |
| Are the parents 18 years or older? | | Yes | No | | |
| Are there any siblings in If yes, please list the sib | | Yes nold and da | No ates of birth. | | |

Parent Information

| MOTHER: | |
|---|--|
| Name: | |
| Address: | City: |
| Cell Phone: | |
| Employer: | |
| Address: | City: |
| Work Phone: | |
| E-Mail Address: | |
| _ | |
| <u>FATHER:</u> Name: | |
| Address: | City: |
| Cell Phone: | |
| Employer: | |
| Address: | City: |
| Work Phone: | |
| E-Mail Address: | |
| Parents/Guardians MUST deliver the application if neither are available, please deliver to Amanda with the date and time as they are received. Ma The deadline for the preschool registration for 2022. If you have any questions, please contact: | a Veik. Applications will be marked ailed in forms will not be accepted. |
| Mr. Greg Sjuts, Superintendent Mr. Brice King, PK-6 Principal Mrs. Emily Droescher, Pre-School Teacl | (402) 923-1230 her Date: Time: Received by: |