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**Trucksville Early Childhood Education Center**  
**KINDERGARTEN REGISTRATION FORM**  
(Please Print Legibly & use black ink)

Student's Name (First, Last) \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name by which student is to be called \_\_\_\_\_

Gender- M\_\_\_\_ F\_\_\_\_

Student lives with (please circle):      Both Parents      Mother Father      Guardian      Other \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Guardian's Name(s): \_\_\_\_\_

**Parents/Legal Guardians: (please circle)**

If parents are divorced/separated, circle who has legal custody of student. Documentation is required\*\*

Mother                  Father                  Joint                  Other \_\_\_\_\_

**Primary Household Information (please circle)**      Both parents - Mother - Father - Guardian(s)  
**(This will serve as the mailing address on the account)**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (if applicable) \_\_\_\_\_

Email: \_\_\_\_\_

Guardian Relationship to child \_\_\_\_\_

**Secondary Household Information (please circle)**      Mother - Father  
**(If applicable)**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (if applicable) \_\_\_\_\_

Future School District: \_\_\_\_\_

Father's/Guardian's Occupation/Workplace: \_\_\_\_\_

Father's/Guardian's Business/Cell Phone \_\_\_\_\_

Mother's/Guardian's Occupation/Workplace: \_\_\_\_\_

Mother's/Guardian's Business/Cell Phone \_\_\_\_\_

**Please list other members of your family that reside with the child:**

<u>Name (Other than Parents)</u>	<u>Relationship to Child</u>	<u>Birthdate</u>	<u>School Attending</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please list any known medical or behavioral problems that we should be aware of (please circle)**

Severe allergy      Mild allergy      Autism Spectrum Disorder      ADHD

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list current medication your child is taking \_\_\_\_\_  
\_\_\_\_\_

Has the child received any medical treatment in the past year? If Yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our school? (Friend, Advertisement) \_\_\_\_\_  
Are you presently an Education Center Family? \_\_\_\_\_ Alumni Family? \_\_\_\_\_ TUMC Member? \_\_\_\_\_

**\*\* Student Registration Affidavit**

In case of divorce/separation, a current custody agreement must be provided at registration OR both parents must sign the registration form to acknowledge that the child will attend TECEC.

“The Trucksville Early Childhood Education Center does not discriminate on the basis of sex, religion, race, color, national origin, ancestry, medical and/or physical disability. Any and all information provided about the applicant concerning any of these matters will be maintained in the strictest of confidence.”

**Signature of Parent/Guardian** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**\*\*Birth Certificate required at Orientation**

**Returning Families – please check this box if any personal information has changed from the previous school year**

- |   |
|---|
| <p><b><u>Additional Documentation required at the start of school:</u></b></p> <ul style="list-style-type: none"> <li>• Immunization Records</li> <li>• Parent/Guardian Licenses</li> <li>• Emergency Form</li> <li>• Permission Form</li> <li>• Transportation Form (if applicable)</li> </ul> |
|---|

<p><b><u>For Office Use Only</u></b></p> <p>Date Rcvd _____</p> <p>Check # _____ Amt _____</p>
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