

40 Knob Hill Rd
Trucksville, PA 18708
Phone – (570) 696-3899
Fax – (570)-696-3898
tecec@trucksvilleumc.com
Like us on Facebook

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

Student's Name (First, Last) _____ Birth Date ____/____/____

Circle Days Attending: M T W TH F Gender- M____ F____

Name by which student is to be called _____

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's Relationship to child _____

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

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (if applicable) _____

Dallas School (please circle): Dallas Elementary Wycallis Elementary

Father/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 _____

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

Additional Documentation required at the start of school:

- Immunization Records
- Parent/Guardian Licenses
- Emergency Form
- Permission Form
- Transportation Form (if applicable)

For Office Use Only

Date Rcvd _____

Check # _____ Amt _____