

**Trucksville Early Childhood Education Center  
KINDERGARTEN REGISTRATION FORM**

(Please Print Legibly & Use Black Ink)

**2024-2025**

40 Knob Hill Rd, Trucksville, PA 18708

Phone – (570) 696-3899

[tececdirector@trucksvilleumc.com](mailto:tececdirector@trucksvilleumc.com)

Before Care       After Care

Date \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
Student's Name (First, Last): \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
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 Guardian: (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)**

**Returning Families: Is this information the same as last year? Yes \_\_\_\_\_ No \_\_\_\_\_**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<u>Name:</u> (Other than Parents)	<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:  
\_\_\_\_\_  
\_\_\_\_\_

Does Student have an IEP? Yes \_\_\_ No \_\_\_ If so, copies must be provided to the office.

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 and Immunizations required at Orientation. \*\***

\_\_\_\_\_ Church Member – TUMC

**Additional Documentation required at the start of the school year:**

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

**For Office Use Only**

Date Rcvd: \_\_\_\_\_

Check #: \_\_\_\_\_ Amt: \_\_\_\_\_