Trucksville Early Childhood Education Center PLAYGROUP REGISTRATION FORM

(Please Print Legibly & Use Black Ink) 2024-2025

40 Knob Hill Rd Trucksville, PA 18708 Phone – (570) 696-3899

tececdirector@trucksvilleumc.com

Student's Name (First, Last): Birth Date:/
Name by which student is to be called: Gender: M F
Student lives with (please circle): Both Parent 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:
Primary Phone # (the number we will contact first):
Email Address:
Guardian's 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:

<u>Please list other members of</u> <u>Name:</u> (Other than Parents)	-	elationship to Child	<u>Birthdate</u>	School Attending
<u> </u>				
Please list any kn	own medical or	behavioral problems that v	we should be aware of	f (nlease circle):
-		•		
- ·		Autism Spectrum Disorc)
lease explain:				
and Alleran				
ood Allergy:				
Please list current medication	your child is tak	king:		
Jac the child received any man	odical traatmast	in the past year? If year als	aco ovalaja:	
las the child received <u>any</u> me	edicai treatment	in the past year? If Yes, pie	ase explain:	
Have you started potty trainii	ng your child?	_YesNo		
Have you started potty training Does child need assistance in	ng your child? the bathroom? .	YesNo YesNo		
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