

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: _____

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: _____

Food Allergy: _____

Please list current medication your child is taking: _____

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

Have you started potty training your child? ___Yes ___No
Does child need assistance in the bathroom? ___Yes ___No
Can child dress and undress him/herself without adult help? _____
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 a 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: _____

Additional Documentation required at the start of the school year:

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

Discounts – Please check if applicable:

- Church Member – TUMC
- Sibling attending in same school year

For Office Use Only

Date Rcvd: _____
Check #: _____ Amt: _____
Class Assignment: _____