

**Trucksville Early Childhood Education Center
PRE-SCHOOL REGISTRATION FORM 2024-2025**

40 Knob Hill Rd, Trucksville, PA 18708

Phone – (570) 696-3899

tececdirector@trucksvilleumc.com

4-Year-Old Program 2024-2025

3 Day AM

3 Day All Day

Before Care

4 Day AM

4 Day All Day

After Care

5Day AM

5 Day All Day

Lunch Bunch

Date: _____ Schedule Preferred: _____ Birth Date: ___/___/___

Student's Name (First, Last): _____ 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) _____

Returning Families: is this information the same as last year? YES _____ NO _____

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's Occupation / Workplace: _____

Father'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:

Does student have an IEP: Yes ___ No ___ If so, copies will need to be provide to office.

Is child completely toilet trained? ___Yes ___No

Student Must be completely potty trained to enter 4-year-old class.

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 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: _____

Discounts – Please check if applicable:

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

For Office Use Only

Date Rcvd: _____

Check #: _____

Amt: _____

Class Assignment:
