

**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

Young 4-Year-Old Program 2024-2025

(Student turns 4 between September 1st & December 31th)

3 Day AM **3 Day All Day** **Lunch Bunch**
 Before Care **After Care**

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 must be provided to the office.

Is child completely toilet trained? ___ Yes ___ No **(Must be trained at the age of 4.)**

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: _____

Discounts – Please check if applicable:

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

For Office Use Only

Date Rcvd: _____

Check #: _____

Amt: _____

Class Assignment:
