**Wee Wildcats Preschool Registration Form**

As part of the Owen J. Roberts Family and Consumer Sciences Preschool Lab Experience Course

Please complete the following registration form for your child entering the program. The following requirements MUST be met before enrollment:

1. The child must be at least 3 ½ years of age before August 31, 2015.
2. The child must be completely potty-trained.
3. The child MUST have had a physical examination made by a licensed physician at least 6 months prior to start of the program (Spring 2016).
4. The child must be covered by a school or family insurance company acceptable by the Owen J. Roberts School District.
5. The child should be socially adaptable and able to communicate to express their needs.
6. The child must have parents and/or guardians who are able to drop off and pick up their child within the dates and timeframes provided.

The preschool program for the 2015-2016 school year will run February to May 2016 (please see brochure for actual dates).

•12 to 14 children are selected to participate in the preschool program.

•The preschool day is 1 1/2 hours long.

•The cost is $100.00 for a 12 week, 24 day session program running Tuesday

and Thursday mornings from 8:30-10:00. Once enrollment is verified, you will be asked to provide a check or cash amount paid in the amount of $100.00.

•Enrollment begins July 1, 2016 and follows as a first-come first-serve basis.

Please complete the following:

Owen J. Roberts High School

Family and Consumer Sciences Department

Child’s first name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M\_\_\_\_\_\_\_F\_\_\_\_\_\_\_

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abbreviated name if one is used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s age on 8/31/15 \_\_\_\_\_\_ Years \_\_\_\_\_\_Mos.

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_

If the child does not live with both parents in one household, which parent will the child be living with while attending?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address (please choose most accessible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact person if parent cannot be reached:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age/grade\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/grade\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age/grade\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age/grade\_\_\_\_\_\_

Please complete the following:

Special Needs Information

Is your child allergic to anything, such as foods, plants, insects or medicines? Yes or No

If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child have any special health needs that the school should know about? Yes or No If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there any other information that you would like to share about your child at this time? Yes or No If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Developmental History of Child**

Is your child right or left handed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child dress themselves? Yes or No

Are there any special fears that you are aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child receiving any speech related services? Yes or No

Is your child toilet trained? Yes or No

Will your child be wearing pull-ups to school? Yes or No

Does your child have imaginary playmates? Yes or No

If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain any other concerns we should be aware of.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return completed application and health form to:**

\*\*Note: This form and a record of immunization from your child’s physician can also be scanned and emailed to: [lhale@ojrsd.com](mailto:lhale@ojrsd.com) \*\*

Owen J. Roberts High School

Lindsay Hale, Preschool Director

981 Ridge Road

Pottstown, PA 19465

Attn: Preschool Registration