

**YOUNG SCHOOL  
2017-2018 KINDERGARTEN PRE-REGISTRATION**

Student Name \_\_\_\_\_ Gender: Male or Female  
(first) (middle) (last) (circle one)

Student's Nickname \_\_\_\_\_ (name you would like teacher to use in class)

Current Address \_\_\_\_\_ Subdivision \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Phone Number (H) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Number \_\_\_\_\_  
(first) (last)

Work Number \_\_\_\_\_

Mother's E-mail address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Number \_\_\_\_\_  
(first) (last)

Work Number \_\_\_\_\_

Father's E-mail address \_\_\_\_\_

Did your child attend District 204's Prairie Preschool? (circle one) YES NO

Other Preschool(s) Attended \_\_\_\_\_

Do you have other children at Young ? NO YES List Name(s) \_\_\_\_\_

List Name(s) \_\_\_\_\_

Primary language spoken in the home (Home Language) \_\_\_\_\_

Additional languages spoken in the home (Native Language) \_\_\_\_\_

Health concerns, medications \_\_\_\_\_

Other services needed, or any additional information you wish to share:

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE *AS SOON AS POSSIBLE*  
BUT NO LATER THAN February 24, 2017  
Thank You!