

**Knowlton Township Pre-school Program Enrollment Form**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last Name First Name Middle Name

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
City State Country

Birth Certified By: Birth Certificate \_\_\_\_\_ Transfer \_\_\_\_\_

Race/Ethnicity: White/Non-Hispanic \_\_\_\_\_ Black/Non-Hispanic \_\_\_\_\_ Asian \_\_\_\_\_  
Hawaiian/Pacific Islander (Guam, Samoa) \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian/Alaskan \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Citizen: Father: Yes / No Mother: Yes / No Language Spoken at Home: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Father's Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child resides with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian/Other \_\_\_\_\_

List of Other Children In Family Birth Dates: Month / Day / Year

_____	_____
_____	_____
_____	_____

Pre-School Experience: (Nursery School, etc.)

Name of School or Program \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State

When Attended: \_\_\_\_\_  
From To

**To complete registration, please provide:**

- Enrollment form
- Health form
- Physical form(filled out by physician)
- Copy of birth certificate
- Proof of residency: Lease \_\_\_\_\_ Deed \_\_\_\_\_ Utility Bill \_\_\_\_\_ Other \_\_\_\_\_