

Meadow Lane State Preschool Registration Form

Enrolling Child's Name:	Birth Date: Age:	Gender: Male / Female	Fully Potty Trained: Yes / No Date:
What Language(s) does the child speak?			
Areas of need to be aware of (Visual or Hearing, etc.)			
Health Information: Allergies, Medication:			
Areas of strength include:			
General Disposition:			

Parent/Guardian/Foster Parent Information	First and Last Name	Phone Number
Are you receiving TANF/Cash Aid/No Income: Yes / No Amount:\$		
Family Size:	Email:	

Gross Earnings Before Taxes	Source:	\$	
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Address:	City:	State:	Zip:
List all other Children living at home:	Gender:	Birthdate:	Is Child receiving CFS Services:
	Male Female		
	Male Female		
	Male Female		

Signature _____ Date _____