



Date \_\_\_\_\_

Home School \_\_\_\_\_

West Ottawa Panther Paws Preschool Registration Form

Child must be 4 years old by December 1, 2009

Child's Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Ethnicity (Please x all that apply)

American Indian

African American

Pacific Islander

Hispanic

White

Asian

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex (circle) M F

Place of Birth \_\_\_\_\_  
(City) (State) (Country)

Language(s) Spoken At Home \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Child lives with: Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_ Other \_\_\_\_

Father's/Mother's Address & Phone (if different than child's)

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Father's Grade Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 GED

Mother's Grade Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 GED

Please list siblings information below:

Name	Age	Sex	Grade	School Attending

**PRESCHOOL SESSIONS** (please choose one)

Morning (a.m.) session \_\_\_\_ Afternoon (p.m.) session \_\_\_\_ No Preference \_\_\_\_



**Release Information**

I give permission for the following persons to pick up my child from the Great Start Readiness Panther Paws Preschool program. Please list persons other than child's Mother and Father.

Name	Relationship to Child	Daytime Phone Number(s)
1.		
2.		
3.		
4.		
5.		
6.		

**Parent/Guardian Consent**

Please indicate your consent to the following. These consents will be in effect for the entire school year. Specific information will be given for any field trip, transportation or media event whenever possible. Please check yes or no box for each of the following:

**Yes    No**

- I give my child permission to be photographed, video recorded, interviewed, or televised (photographs may be placed on district TV station or website or yearbook).
- I give my permission for a contracted health care aide under the supervision of a school nurse to provide first aide, administer prescribed medications and have access to school registration and health care records as needed.
- I give my permission for my child's immunization records to be forwarded to the Michigan Childhood Immunization Registry.
- I give permission for the district staff to transport my child home or to the child's caregiver as may be necessary for evaluations, screenings, health matters, home transportation or other reasons.
- I understand that no transportation is provided by this program.

**Emergency Transportation Notice:** In an emergency, district staff will contact an e-unit/ambulance/other emergency vehicle and will authorize medical treatment as needed.

**Family Educational Rights & Privacy Act (FERPA):** Please read description of the student information which will be released without prior parental consent provided online at the West Ottawa website.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*This is a free program to those families who qualify\*\*  
Please call (616) 786-1600 for more information.**