

# West Delaware County Community School District Pre-School Pre-Registration Form

Legal Name (last, first, middle)	Gender (M or F)	Age	Birthdate	Race (Circle all that apply)		
				WHITE	HISPANIC	BLACK (NOT OF HISPANIC)
				ASIAN/PACIFIC ISLANDER	AMERICAN INDIAN/ALASKA NATIVE	
				WHITE	HISPANIC	BLACK (NOT OF HISPANIC)
				ASIAN/PACIFIC ISLANDER	AMERICAN INDIAN/ALASKA NATIVE	

\*\*\*On Sept. 15, 2024: My child will be \_\_\_\_\_ years old.

**Father's**

Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Work

Address \_\_\_\_\_ Lives with? Y N  
P.O. Box / Street Address Town Zip

Email \_\_\_\_\_ Employer \_\_\_\_\_

**Mother's**

Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Work

Address \_\_\_\_\_ Lives with? Y N  
P.O. Box / Street Address Town Zip

Email \_\_\_\_\_ Employer \_\_\_\_\_

**Other's**

Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Work

Address \_\_\_\_\_ Lives with? Y N  
P.O. Box / Street Address Town Zip

Email \_\_\_\_\_ Employer \_\_\_\_\_

Relationship (Circle One): Step-parent   Grandparent   Aunt/Uncle   Foster Parent   Legal Guardian

Language Spoken in home \_\_\_\_\_ Resident District \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Interested in the 4 day Preschool Program if it would become available: YES   NO

Comments:

Registration Fee:      Free \_\_\_\_\_      Reduced \_\_\_\_\_      Paid \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_