



**845 Miners Ave
Lead, SD 57754
605-584-1113**

www.handleycenter.com

Judy Mackey – 605-920-0040

Preschool REGISTRATION

**Cost: \$90 Dollars per month
Monday, Wednesday, Friday
8:30 – 11:00**

Confidentiality

Any confidential information requested is for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisk (*).

Closings

When Lead-Deadwood Schools are closed for:

- Bad Weather
- School Vacation Days
- Late Starts

Child's Information

Full Name of Child: _____

Name Child is called: _____

Gender: Male Female Date of Birth* _____

Mailing Address* _____

City* _____ State* _____ Zip* _____

Siblings: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Does your child have any special concerns or fears? _____

Does your child have any developmental needs? _____

Do you have any speech concerns? _____

Is your child potty trained? _____

Does your child like to play with others or alone? _____

What are your child's favorite activities or toys? _____

Does your child have any pets? _____

Are there any other concerns or information about your child you would like us to be aware of? _____

Any **allergies**? If yes, please explain: _____

List 3 important people in your child's life and their relationship to your child:

1. _____

2. _____

3. _____

PRIMARY Parent / Guardian INFORMATION

Parent Guardian

Name * _____ Gender: Male Female

Physical Address * _____

City * _____ State * _____ Zip * _____

Mailing Address (if different from child) _____

Phone * Home (____) _____ Work (____) _____

Cell (____) _____ Other (____) _____

Employer _____ Title _____ Phone# _____

Email address _____

SECONDARY Parent / Guardian INFORMATION

Parent Guardian

Name * _____ Gender: Male Female

Physical Address * _____

City * _____ State * _____ Zip * _____

Mailing Address (if different from child) _____

Phone * Home (____) _____ Work (____) _____

Cell (____) _____ Other (____) _____

Employer _____ Title _____ Phone# _____

Email address _____

Number of members in household: _____

Annual Household Income:

- | | |
|--|--|
| <input type="checkbox"/> \$ 0 - \$ 5,000 | <input type="checkbox"/> \$26,001 - \$32,000 |
| <input type="checkbox"/> \$ 5,001 - \$12,000 | <input type="checkbox"/> \$32,000 - \$40,000 |
| <input type="checkbox"/> \$12,001 - \$26,000 | <input type="checkbox"/> \$40,001 + |

ETHNICITY * (mark all that apply)

- Asian American Black/African American Caucasian Hispanic/Latino
- Native American Other Multi-Racial

MEDICAL INFORMATION

***** Copies of all Immunization records must submitted *****

Does your child have any medical and/or physical limitations (allergies, asthma, heart murmur, disabilities, etc.)?
___ Yes ___ No

If YES, explain here and list medication(s) _____

Physician Name _____ Phone (____) _____

Hospital _____ Phone (____) _____

Dentist Name _____ Phone (____) _____

Please list any additional comments regarding medical conditions:

EMERGENCY CONTACT, OTHER THAN PARENT(S) / GUARDIAN(S) *

1. Name* _____

___ Relative ___ Acquaintance ___ Lives with Member(s) ___ Other

___ Emergency Contact ___ Primary Contact ___ Allowed to pick-up

Phone: * Home (____) _____ Work (____) _____

Cell (____) _____ Other (____) _____

2. Name* _____

___ Relative ___ Acquaintance ___ Lives with Member(s) ___ Other

___ Emergency Contact ___ Primary Contact ___ Allowed to pick-up

Phone: * Home (____) _____ Work (____) _____

Cell (____) _____ Other (____) _____

Additional names who are allowed to pick up your child: _____

LIST ANYONE WHO IS **NOT** TO PICK UP YOUR CHILD: _____

PHOTOS *

In order to promote Preschool activities to prospective donors and the public, The Handley Recreation Center will occasionally use photos and video of our members. We **only** put internet pictures on our website www.handleycenter.com and our Facebook page.

___ YES, it's ok to use my child's photo.

___ NO, do not use my child's photo.

I give the Handley Preschool Staff permission to:

* Contact school/agencies regarding my son/daughter as needed. ___ YES ___ NO ___ Initials

* To accompany my child to the local library, parks, trails, and area tourist attractions, or any field trips.

___ YES ___ NO ___ Initials

Date _____ Parent/Guardian Signature _____

STAFF USE ONLY

PAYMENT INFORMATION:

- Registration Fee - Date Paid _____ Receipt # _____ Amount Paid \$ _____
