

(Office use only)

Registration # _____

Child _____ Adult _____

Checked in Sierra:

Yes _____ No _____ Staff _____

Child Application

Please Print Clearly

Today's Date ____/____/____
Month Day Year

Circle or write your answers accordingly

Full name _____

First

Middle

Last

Male _____ **Female** _____

Date of Birth MM/DD/YY ____/____/____

Street _____

Town _____ **Zip code** _____

Phone (1) _____

Phone (2) _____

What language does he/she speak most frequently? English Spanish Other (specify): _____

Child's Country of Birth _____

Does he/she have a library card? Yes No

Does he/she attend school? Yes No

If YES, what grade is he/she in?

Head Start UPK K 1 2 3 4 5 6 7 8 9 10 11 12

What school does he/she attend? _____

Parent's name: _____

Caregiver's name: _____

What days will he/she attend class with you?

Monday a.m./p.m.

Tuesday a.m./p.m.

Wednesday a.m./p.m.

Thursday a.m./p.m.

Friday a.m.

Is there anything about your child that we should be aware of:

Physical Medical Emotional Allergies Other (specify): _____

Explain: _____