

Name of student: _____ School Year: _____

Pre-School Check List

Fee Sheet []

Registration Form []

Admission Agreement (2pages) []

Identification & Emergency Info. []

Preadmission Health History (Parent's Report) []

***Physician's Report** []

- Signed
- Stamped
- Dated

Date Of Last Physical: _____

***Immunization Record:** []

- 3 Polio []
- 4 DTap []
- 3 Hep B []
- 1 MMR (on or after the 1st Birthday) []
- 1 Hib (on or after the 1st Birthday) []
- 1 Varicella (Chickenpox) []

Parents' Rights []

Consent For Medical Treatment []

Personal Rights []

Registration Fee: \$60.00

Date paid: _____ Check #: _____ Cash: _____