

Dixon Unified School District PreK Registration

Immz	<input type="checkbox"/>
B/C	<input type="checkbox"/>
Phys.	<input type="checkbox"/>

Student Name:	Birthdate: _____ Sex: M / F
Address:	Telephone Number: _____
Mother's Name:	Father's Name: _____
Employer:	Employer: _____
Work Number:	Work Number: _____
Cell Phone:	Cell Phone: _____

Has your child attended preschool? Y / N _____ Name of Preschool: _____
 If so, for how long has he/she attended preschool? _____ My child is registered for kindergarten at _____

Please list 3 emergency contacts in case you child is ill and we cannot contact you:				
Name	Relationship	Home Phone	Work Phone	Cell Phone
1				
2				
3				

Activity Limitations:	Known medical problems/allergies:
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Medications:

Family Doctor:	Dentist:
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Phone:	Phone:
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Medical Insurance/Number:	
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I request that my child receive first aid service whenever it is deemed necessary. In case of emergency, illness or accident to my child, the school is authorized to proceed as indicated on this form if we cannot be reached. Permission is hereby given for authorized school personnel to transport my child, call an ambulance and/or seek other emergency care if family physician cannot be contacted

Parent Signature:	Date:
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