

## Saber Preschool Registration Form



1. Child's name \_\_\_\_\_  
Last name \_\_\_\_\_ First name \_\_\_\_\_
2. Name used at home \_\_\_\_\_ Sex \_\_\_\_\_  
Age \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Parents' names \_\_\_\_\_  
\_\_\_\_\_
4. Address: \_\_\_\_\_
5. Telephone # \_\_\_\_\_ email: \_\_\_\_\_
6. Parent cell phone # \_\_\_\_\_
7. Is there any previous medical history that would affect your child's participation in activities? \_\_\_\_ If so, please explain:  
\_\_\_\_\_
8. Does your child have any allergies (latex, peanuts, etc.) or dietary restrictions? (dairy, gluten, gelatin, etc.) \_\_\_\_ If so, please indicate:  
\_\_\_\_\_
9. Is your child toilet trained? \_\_\_\_\_
10. Please describe your child briefly. Tell about favorite toys, interests, eating habits, routines, etc.  
\_\_\_\_\_  
\_\_\_\_\_ 😊
11. Person responsible for child if parent is unavailable:  
a. Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
b. Phone: \_\_\_\_\_
12. Other person(s) authorized to pick up child from Saber preschool:  
a. Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
b. Phone: \_\_\_\_\_
13. Does Franklin High School have your consent to use your child's photographic image for appropriate purposes (in-class power point, Saber Roar weekly student newscast)? \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Please return this form with the \$25 fee (check made out to FHS) to:

**Linda Krause**

**Franklin High School**

**8222 S. 51<sup>st</sup> St. Franklin, WI 53132**



Questions? Feel free to contact Mrs. Linda Krause [linda.krause@franklin.k12.wi.us](mailto:linda.krause@franklin.k12.wi.us) or 414-817-3629

Pre-Registration is required and will continue until April 23 (sooner if maximum capacity is reached prior to that date). Saber Preschool runs daily at Franklin High School from April 29- May 17, 2019 9:00- 10:15 AM