



# GILTNER PUBLIC SCHOOLS PRESCHOOL ENROLLMENT FORM



**Student Name:** \_\_\_\_\_  
(Please Print)      Legal Name: First                      Middle                      Last

**Birth Date:** \_\_\_\_\_                      **Gender:** \_\_\_\_\_

**Enrollment Date:** \_\_\_\_\_                      **Date Enrollment Terminated:** \_\_\_\_\_

**Student Ethnic Origin** (you may select more than 1 category):

- Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin.
- American Indian or Alaska Native - A person having origins in any of the original peoples of North or South America
- Asian - A person having origins in Southeast Asia, for example, Cambodia, China, India, Japan, Korea, Malaysia, the Phillipines
- Black or African American - A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

**Student Mailing Address:**

\_\_\_\_\_  
(Box, Street, or Rural Route)                      City                      State                      Zip

**Student Home Telephone:** \_\_\_\_\_

**Student Cell Phone Number:** \_\_\_\_\_

**Parent/Guardian Name (Mailing Labels):** \_\_\_\_\_

**Mother Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Box, Street or Rural Route)                      City                      State                      Zip

Home Phone: \_\_\_\_\_                      Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_                      Work Phone: \_\_\_\_\_

**Father Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Box, Street, or Rural Route)                      City                      State                      Zip

Home Phone: \_\_\_\_\_                      Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_                      Work Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other than parent

Siblings: \_\_\_\_\_

**Persons to whom your child may be released to:**

	Name	Work #	Home #	Relationship to Child
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

**Persons who may not pick up your child:**

	Name	Work #	Home #	Relationship to Child
1	_____	_____	_____	_____
2	_____	_____	_____	_____

I understand that Giltner Public School (GPS) is not responsible for my child when he/she leaves the facility to participate in non-related preschool activities with an approved pick up person(s).

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you currently a member of the Giltner Public School District?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Can your child accompany his/her class on field trips, excursions, to and from school, preschool or other programs?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I understand and authorize that these trips may be neighborhood walks or trips where transportation in the center van or by center staff may be used.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I consent to my child's picture be used for publicity and posted on the GPS Facebook and webpage.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I consent to GPS specialists observing my child and to provide any skills testing and screening offered.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I, \_\_\_\_\_ have determined that Giltner Public School and it's staff are competent to give or apply medication to my child(ren). They have full responsibility to assist my child in life saving measures such as CPR/First Aid and assess the need to seek and consent to any necessary medical care needed.

Parent/Guardian Signature: \_\_\_\_\_