

PSHS Little Cougar Preschool Registration

1. Child's Name: _____

2. Date of Birth: _____ Age: _____ Sex: _____

3. Address: _____ City: _____ Zip: _____

4. Name of Mother: _____

CELL PHONE: _____ HOME Phone _____

Work Phone: _____ Email: _____

5. Name of Father: _____

CELL PHONE: _____ Home Phone _____

Work Phone: _____ Email: _____

6. Person(s) With Legal Custody of Child (relationship): _____

7. ALLERGIES or Other Health Concerns: _____

8. Person(s) authorized to pick up child: _____

*Relationship to the child: _____

*Cell Phone: _____ Home Phone: _____

9. Person to contact when parents cannot be reached: _____

PARKING (please fill information to avoid *Towing*)

Name: _____

1. Make: _____ Model: _____ License Plate# _____

2. Make: _____ Model: _____ License Plate# _____

*****Vaccination Records*** A copy of current vaccination records must be submitted before your child can attend the Little Cougar preschool.**