hamilton county esc
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Preschool Program Student Registration Form

Child's Legal Name: _____
(As it appears on Birth Certificate)   First   Middle   Last

Child's Home Address: _____
                                              Street Address

_____
City   State   Zip Code

Child's Home Phone: _(_____)_____-_____

Primary Email Address of Parent or Guardian:_____

Gender: Male ◯   Female ◯

Ethnicity: Asian/Pacific Islander ◯   Black/Non-Hispanic ◯   Hispanic ◯
                  American Indian/Alaskan ◯   Multi-Racial ◯   White/Non-Hispanic ◯

Child's Date of Birth:_____/_____/ _____(MM/DD/YYYY)   Social Security Number:_____-_____-_____

Place of Birth:_____   Birth Certificate Number:_____
        City & State or County & State as on Birth Certificate

Primary Language Spoken in Child's Home:_____

Previous School Attended (if applicable):_____

Has the Child had previous intervention services?   Yes ◯   No ◯   If yes, describe and provide location below:
_____   _____
Description of Service   Location

_____   _____
Description of Service   Location

Name of Natural or Adoptive Mother: Name of Natural or Adoptive Father:

_____   _____
First   Middle   Last   First   Middle   Last

With whom does the Child reside?

Name:_____   Name:_____
    First   Middle   Last   First   Middle   Last

Relationship: _____   Relationship: _____

Occupation: _____   Occupation: _____

Address: _____   Address: _____
 (If different from Child's Address)   Street   (If different from Child's Address)   Street

_____   _____
City   State   Zip Code   City   State   Zip Code

Bus. Phone: _(_____)_____-_____ ext._____   Bus. Phone: _(_____)_____-_____ ext._____

Parents' Marital Status: Married ◯   Single ◯   Separated ◯   Divorced ◯

Sibling Name	Relationship	Age	Lives with Student?
_____	_____	_____	Yes ◯ No ◯
_____	_____	_____	Yes ◯ No ◯
_____	_____	_____	Yes ◯ No ◯

Emergency Information

Adults to whom the Child may be released in an emergency situation, if the Child is ill or needs medical attention:

Name   Relationship   Phone Number

_____   _____   _(_____)_____-_____ ext._____

_____   _____   _(_____)_____-_____ ext._____

Family Physician: _____   Phone: _(_____)_____-_____

Family Dentist: _____   Phone: _(_____)_____-_____

Please list any allergies, medications taken regularly, health impairments, or handicaps, to which school personnel or a physician giving emergency medical treatment should be alerted:

_____

_____

_____

My signature below certifies that all the information given on this registration form is true and accurate to the best of my knowledge.

Signature:_____   Date:_____

Hamilton County Educational Service Center

c/o Stacie McMahon

Early Learning Program

924 Waycross Road

Cincinnati, Ohio 45240

OR email to: stacie.mcmahon @HCESC.org