

Thunderhawk Preschool 2023-2024

CHILD INFORMATION:

Child's Name: _____
Home Address: _____
Telephone: _____
Name of School: _____ Grinnell Grade School _____
Date of Birth: _____
Date of Admission: _____
Age at Admission: _____

Please provide a copy of physical exam, immunization record, birth certificate
and social security card at fall enrollment.

PARENT / GUARDIAN INFORMATION:

Parents / Guardian Name: _____
Relationship to child: _____
Home Address: _____
Telephone: _____
Work Telephone: _____
Home: _____
Mothers Cell: _____
Fathers Cell: _____
Mother: _____
Father: _____

		<u>Days my child will attend</u>
	Monday	_____
	Tuesday	_____
	Wednesday	_____
	Thursday	_____
	Friday	_____

ADDITIONAL INFORMATION:

Primary Language of the child: _____

Is there any other information you would like us to know about your child? _____

TRANSPORTATION PLAN & ALTERNATIVE TRANSPORTATION PLAN:

Child's Name: _____
My child will arrive by: _____ School bus drop off
_____ Parent drop off
_____ Other (Describe) _____
My child will depart by: _____ Parent pick up
_____ Alternate authorized person pick up

(name and phone number of pick up person)

Parent / Guardian Signature and Date

Please return this form to the Grinnell Grade School by Friday, August 4, 2023

P.O. Box 129, Grinnell, KS 67738