

# Case's Little Faces Preschool

## **Registration Form 2021-2022 School Year**

*\$50.00 non-refundable registration fee (checks payable to Swansea Public Schools)*

*Drop off or Mail this form and registration payment to: Joseph Case High School  
70 School St., Swansea, MA 02777, Attn. P. Alexander*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ELEMENTARY SCHOOL DISTRICT: \_\_\_\_\_

### FAMILY DATA:

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Last Name if different from child.

Legal Guardian's Name (other than parent) \_\_\_\_\_

### PRESCHOOL AND SCHOOL CHILDREN IN HOUSEHOLD:

Name	Relation	Date of Birth

### Medical History (give dates):

Physician		Dentist	
Accidents/Injuries		Measles	
Allergy		Meningitis	
Chicken Pox		Mumps	
Convulsions		Operations	
Diabetes		Rheumatic Fever	
Ear Infections		Scarlet Fever	
Encephalitis		Strep Throat	
German Measles		Tonsillitis	
Heart Disease		Tuberculosis	
Congenital Anomaly		Whooping Cough	
Kidney Disease			

### SPECIAL NEEDS (Please specify) :

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